V. S. No. 1

1. PLACE OF DEAT

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

193 2

(Year)

Date of onset

Lawret Brd

(Day)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		\GBA = O	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			l

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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100000000000000000000000000000000000000				
Other contributory causes of importance:		Other contributory causes of importance:	4/4 =	
Gallstones	May 1,1923	Gastroenteritis	1 year	
			<u> </u>	

inforpluods Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Every PHYSICIANS mos.____ds. How long in U.S. if of foreign birth?_____vrs.____mos.____ds. Length of residence In city or town where deeth occurred statement Jenne RECORD. (a) Residence: No.) () 2 (Usual place of abode If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) BINDING assified. 5a. If married, widowed, or divorced HUSBAND of O 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of C 6. DATE OF BIRTH (month, dey, and year) certificate. 7. AGE Years Months Deys If LESS than to heve occurred on the dete stated above, at _____ FOR 1 dey, hrs. The PRINCIPAL CAUSE OF DEATH end related couses of Importence 2 or____min. were es follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.... OCCUPATION RESERVED jo back may 9. Industry or business in which work wes done, es SILK MILL SAW MILL, BANK, etc ... uo Date deceased last worked et 11. Totel time (yeers) this occupation (month end spent in this. that occupetion_ instructions Other Contributory Causes of Importenca: 12. BIRTHPLACE (city or town) MARGIN (Stete or country) FATHER 13, NAME See 14. BIRTHPLACE (city or town) plain (State or country) carefully Whet test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury..... 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?.. (Specify city or town, county and State) DE Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. should 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, DR REMOYAL Manner of injury WRITE CAUSE Neture of injury. 24. Was disease or injury in any wey related to occupetion of deceased? 19. UNDERTAKER (Address) if so, specify _

state

1. PLACE OF DEATH

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(Address)

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Ves there an autopsy?

(Day)

(Yeer)

Oate of onset

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

See instructions on back of certificate.

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I. PLACE OF DEA	114			34)			
County Wash	nington			Registration Dist. No. 30 Z			
Village or City_Ha			(lí	No. 28 Church Street St., 5 Wa feath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	rd ds.		
2. FULL NAME							
(a) Residence: No2			reet	St., 5 Ward. If nonresident give city or town and State			
PERSONAL AN	ND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	angle o		
	or or race		RIED, WIDOWED, D (write the word) Wer	21. DATE OF DEATH June 4, (Pay) (Year)			
5a. If married, widowad, or div HUSBAND of (or) WIFE of Sa		ack (D	eceased)	22. HEREBY CERTIFY, That I attended deceased from 19.32 to 19.32			
6. DATE OF BIRTH (month, da	J. and year)	uly 18,	1870	Hast saw hall alive on the 4 1932 death is si			
7. AGE Years 61	Months 10	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated abova, at 4 * 3 O P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trade, profession, or pkind of work done SAWYER, BOOKKE 9. Industry or business i work was dona, as SAW MILL, BANK, 10. Date deceased last work this occupation (mg. pkis occupation) from the securation of th	, as SPINNER, EPER, etc n which SILK MILL.	Labore	r	Cerebral by philes 1200 11			
D Date deceased last we this occupation (me year)	orked at	spa	ime (years) nt in this upation	Dither Coutributory Causes of importance:			
12. BIRTHPLACE (city or town (State or country)	Hagers Md.	town,		Differ Court fourty Causes of Amportance. Looms			
	el Black	k					
14. BIRTHPLACE (city or t (State or country)		land		Name af operation Date of What tast confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME N	ary Ely:	fritz,		23. If death was dua to external causes (VIOL ENCE) fill in also the following:			
15. MAIDEN NAME N 15. MAIDEN NAME N 16. BIRTHPLACE (city or t (Stata or country)	own)Ohi	0.		Accidant, suicide, or homicide?			
17. INFORMANT Carl Black, (Address) Hagerstown, Md.				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR Place Hagers	REMDVAL		2.6, , 19.32	Manner of injury			
19. UNDERTAKER Fred (Address) Hage				24. Was disease or Injury in any way related to occupation of deceased? 17 30, specify 9. M. Watty Par. S. R. Walls			
20, FILED. 6-6-	19326	hosto	Bowert Registrar.	(Signed) 16321. Pelaines II M. (Address)	, D.		

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	Example I	a description	Example II	
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Chronic interstitial nephrit	d .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUE 3 1932	July 5,1927	Peritonitis	3 days ago
•	BUREAU V.			
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA.

V. S. No. 1

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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	E 7.	13	. 3	- 4	
	1	-	0		

1. PLACE OF DEATH	
County Wash-ale	Registration Dist. No. 302
Village or City fogetatorn (If	No. 17 Policy T St., St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds How long in U.S. if of foreign birth? wrs mos ds.
2. FULL NAME Ethel Boggison Is	till (som)
(a) Residence: No. 57 Roll (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCER Frie the word) Male Colored Sulfvorm	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. JHEREBY CERTIFY: That I attended deceased from your 13 1937 to June 13 1937
6. DATE OF BIRTH (month, day, and year)	I last saw h aliva on, 19; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, atm,
I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	12- L. Stellborn
SAWYER, BOOKKEEPER, etc.	Jary
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. D. Date deceased last worked at this occupation (month and spant in this	
yaar) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) At the Control of the	
13. NAME Higher I tologh	1.0
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis lineal eventual Was there an autopsy? No
15. MAIDEN NAME & the Boggeson	23. If daath was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME & The Long GLATTING TO THE STATE OF COUNTRY STATE OF COUNT	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Author Clark (Address) 57 Molent St Hager alon	Specify whether injury occurred in INDÚSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place I a sh Date I Date I 1932	Naturo of injury
19. UNDERTAKER Malliaison of Lowery	24. Was diseasa or injury in any way ralated to occupation of daceased? Move
(Address) Smith bury mid.	If so, specify
20. FILED 6-13-1032 Charles Bours	(Signed) O lotey 1. Couract M.D.
Registrar.	(Address) Vagers lown

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago		
Cerebral hemorrhage		July 5, 1927	Perilonitis	3 days ago		
Other contributory causes of	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
				1		

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

item of infor-

AGE should be

B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	95.9
1. PLACE OF DEATH		000
County (1) ashington	35	> 2_
70	Registration Dist. No.	1/
Village or City fread 07 milestonia (If	NoSt.,Step Man occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death occurredmos	ds. How long in U.S. If of foreign birth?yrsmo)sds.
2. FULL NAME Duy 1) after 16	Sowers	
(a) Residence: No. Near 7 unkatom	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARKING, WIDOWED,	21. DATE OF DEATH	
Mal. Telite OR Diversity (write the word)	potene 14	19333
58. If married widowed or divorced	(Mønth) (Day)	(Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended	cceased from
6. DATE OF BIRTH (month, day, and year) May 18 - 1893	liast saw h in alive on and his	; death is said
7. AGE Years Months Days if LESS than	to trava occurred on the date stated above, it)
39 0 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:	
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9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Sufer Fion, endo cardition	
10. Data deceased last worked at this occupation (month and /931 spent in this occupation)		
12. BIRTHPLACE (city or town) Near 7 unkstours	Other Contributory Causes of Importance:	
(State or country) Tuash. Co. Md.	se tacasum	
13. NAME Serge Bources		
14. BIRTHPLACE (city or town) Beaver Cruk	Name of operation Date of	
(State or country) Wash. Co. Md.	What test confirmed diagnosis? Was thera an a	utopsy?
15. MAIDEN NAME Susan Baker	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Beauce Creek	Accident, suicide, or homicida? Date of injury	, 19
(Stata or country) Wash. C. md.	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT / TOO. 2) WASHE / DOWNS	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ĆE.
(Address) Tunkatum Md. 18. BURIAL, CREMATION, OR REMOVAL		
Piace Benevola Date June 18: 1932	Manner of injury	
7/143 B NVC-		
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceasad?	
6-16- 32-6Keath Some son le	(Signad) (1 taller	M. D.
20, FILED, 19 Registrar.	(Address) Lla Qual and	

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JUL 5 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDING

FOR

MARGIN RESERVED

Normer

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	of importance were as follows:	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No.

state infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? _____yrs. That I attended deceased from Oats of onset -- Was there an autopsy?_ 100

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	- I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0)
County Washing force	Registration Dist. No.
Village or City Hay Evolowe	ND. 8/7 Durly are St. L Ward
HA (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME LILLE M.	Jurull
(a) Residence: No. S. J. J. S. (Usual place of above)	Ost., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE, 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25 193 2
Ba. If married, widowed, ox-divorged	(Month) (Day) (Yaar)
(OF) WHEAT CLEASED BURNES	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I Jast saw har alive on from WE , 190 V, death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 7 30 2m.
The state of the s	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
9. Industry or business in which work was dona, as SILK MILL.	1 2 1
work was dona, as SILK MILL, SAW MILL, BANK, etc	LEVEL DIA SYPTIONTIANS
this occupation (month and / /) spent in this	1
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Cay Evolution	
(Stata or country)	
13. NAME COLOGETO AUGUST 14. BIRTHPLACE (city of town) 1609 EVOLOGISTA (State of country)	
14. BIRTHPLACE (city for town) Hagerolowy	Name of operation
1 (State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MULL COSTUMENTS (city or town)	23. If death was dua to external causas (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Masle CO	Accident, suicide, or homicide? Date of injury, 19
E (Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ANGULAR CONTROL (Address) 817 Della Control	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place LOQGENT NOW Date 30 1931	Nature of injury
Lecislation Tolons	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
6-29-B2-Lake HB	(Signed) OMI all Immany, D.
20. FILED Regintar.	(Address) Hag motown ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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of importance were as follows: Attack of epilepsy	
	1 week ago
Run over by street car A AVARA	1 week ago
Peritonitis	3 days ago
1 1843 S MM I	
Other contributory causes of importance:	
Gastroenteritis	1 year

V. S. Mo. 1

1, PLACE OF DEATH	CERTIFICATE OF DEATH
1.01/	Registration Dist. No. 306
0 4 1	
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long In U. S. if of foreign blrth?yrsmosds.
2. FULL NAME Silvan a ba	vr.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR BLYORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or disposed HUSBAND of (or) WIFE of Clipa M. Carr	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) July 21853	1 lest from alive on 1932; deeth is sald
7. AGE Years Modern's Days If LESS than 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, January SAWYER, BOOKKEEPER, etc.	Porincians acraemio 5231
kind of work done, as SPINNER, James SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1932	7
10: Date deceased lest worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Wash 60,	Other Contributory Causes of Importance:
(State er country) ffrd 1	4/1
E O O	
4 14. BIRTHPLACE (city or town) Gyglaus (State or country)	Name of operation. Date of
15. MAIDEN NAME Malitora, Lethour	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Christian	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Mrs D. Coursof (Addross) Small Land	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Smithslung. Date June 6, 1932	Nature of Injury.
19. UNDERTAKER Killiam Al Downey (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 200 5 , 13 ² Glo. W. Ferguson, Registrar.	(Signed) 7, G. M. D. (Address) M. D.
	2411 N. Charles Street, Bakimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
0.0			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.— TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	-CERTIFICATE	OF DEATH
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County Washington Village or City Dagerstown (If death occurred in a hoppital or institution, give its NAME instead of street and number length of residence in city or town where death occurred 2 yis
Village or City nagerstewn
Length of residence in city or town where death occurred. 2 yis
(a) Residence: No. 501 Chestnut Street St., Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White OR DIVORCED (corric, the word) OR D
(Usual place of a bode) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCED (sortic, the word) S. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (sortic, the word) OR DIVORCED (sortic, the word) S. H married, widowed, or divorced HUSBANO of (or) WIFE of OR DIVORCED (sortic, the word) T. AGE Years Months Days II LESS than 1 dey. hrs. or. min. 3. Trade, profession, or particular kind of work done, as SPINNER, HOME WORK S. Home of the work done, as SPINNER, HOME WORK S. Home of the work done, as SPINNER, HOME WORK S. Home of the work done, as SPINNER, HOME WORK S. Home of the work done, as SPINNER, HOME WORK S. Home of the work done, as SPINNER, HOME WORK S. Home of the work done, as SPINNER, HOME WORK S. Home of the work done as SPINNER, HOME WORK S. Home of the work done as SPINNER, HOME WORK S. Home of the work done as SPINNER, HOME WORK S. Home of operation It is sawn. S. Lik MILL, BANK, etc. Characteristics of the work done work was done, as SILK MILL, BANK, etc. S. Home of operation What test confirmed diagnosis? Was there an autophy What test confirmed diagnosis? Was there an autophy Was there an autophy Was there an autophy 23. If deeth was due to external couses (VIOLENCE) fill in also the following:
3. SEX 4. COLOR OR RACE Female White S. SINGLE, MARRIED, WIOOWEO, OR DIVORCED Carrier, the word) 56. If married, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 dey, hrs. 0 or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Jindustry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Oate deceased lest worked et this occupation (month end yaar) 12. BIRTHPLACE (city or town) (State or country) Md. 13. NAME Walter Wedding 14. BIRTHPLACE (city or town) (State or country) Md. 15. MAIDEN NAME 21. DATE OF DEATH June 10, (Oay) 10. 193 (Month) (Oay) 12. LESS than 1 dev. 1 lest saw h. 2 alive on 1 lest saw
Female White OR Divorced Country, he word) 5e. If married, widowed, or divorced HUSBANO of (or) WIFE of Or WIFE or
56. If married, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 dey, hrs. or min. 8. Trade, profession, or particular sind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked et this occupation (month end yaar) 12. BIRTHPLACE (city or town) Charles County, (State or country) Md. 13. NAME Walter Wedding 14. BIRTHPLACE (city or town) Charles County, Md. Was there an autophy What test confirmed diagnosis? Was there an autophy Was there an autophy 15. MAIDEN NAME
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months 59 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked ot this occupation (month end year) (State or country) Md. 13. NAME Walter Wedding 14. BIRTHPLACE (city or town) (State or country) Md. 15. MAIDEN NAME Months 7 If LESS than to have occurred on the date stated abova, at 7 50 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate 16. MAY MILL, BANK, etc. Choral Particular were as follows: Other Contributory Causes of Importance: Other Contributory Causes of Importance: Was there an autopsy Was there an autopsy 15. MAIDEN NAME 23. If deeth was due to external ceuses (VIOL ENCE) fill In also the following:
7. AGE Years Months Days If LESS than 1 dey, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, Home Work SAWYER, BOOKKEPER, etc. Home Work work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked et this occupation (month end year) (State or country) Md. 13. NAME Walter Wedding 14. BIRTHPLACE (city or town) Charles County, (State or country) Md. 14. BIRTHPLACE (city or town) Charles County, (State or country) Md. 15. MAIDEN NAME 15. MAIDEN NAME 16. Work was due to external ceuses (VIOLENCE) fill in also the following:
8. Trade, profession, or particular kind of work done, as SPINNER, Home Work 9. Judistry or business in which work was done, as SILK MILL, SANK etc. 10. Oate deceased lest worked et this occupation (month end yaar) 12. BIRTHPLACE (city or town) Charles County, (State or country) Md. 13. NAME Walter Wedding 14. BIRTHPLACE (city or town) Charles County, (State or country) Md. 15. MAIDEN NAME 15. MAIDEN NAME 26. Choric Pyearship Charles County, What test confirmed diagnosis? Was there an autopsy what test confirmed diagnosis? Was there an autopsy Causes of Importance of the contributory Causes of Importance of the contributory Causes of Importance of the country of the contributory Causes of Importance of Importance of the contributory Causes of Importance of Importance of the contributory Causes of Importance of I
9. Industry or business in which work was done, as SILK MILL, BANK, etc. 10. Oate deceased lest worked et this occupation (month end year) 12. BIRTHPLACE (city or town) Charles County, (State or country) Md. 13. NAME Walter Wedding 14. BIRTHPLACE (city or town) Charles County, (State or country) Md. 15. MAIDEN NAME 15. MAIDEN NAME 26. Was there an autopsy that the state of
12. Birthplace (city or town) Charles County, (State or country) Md. 13. NAME Walter Wedding 14. Birthplace (city or town) Charles County, (State or country) Md. 15. MAIDEN NAME 16. MAIDEN NAME 17. MAIDEN NAME 18. MAIDEN NAME 18. Other Centributery Causes of Importance: 18. Unlimber Causes of Importance: 19. What is confirmed diagnosis? Was there an autopsy and the following:
12. BIRTHPLACE (city or town) Charles County, (State or country) Md. 13. NAME Walter Wedding 14. BIRTHPLACE (city or town) Charles County, (State or country) Md. 15. MAIDEN NAME 15. MAIDEN NAME 20. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
14. BIRTHPLACE (city or town) Chartes County, Name of operation Data of What test confirmed diagnosis? Was there an autopsy 15. MAIDEN NAME 23. If deeth was due to external ceuses (VIOLENCE) fill In also the following:
What test confirmed diagnosis? Was there an autopsy 15. MAIDEN NAME 23. If deeth was due to external ceuses (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 23. If deeth was due to external ceuses (VIOL ENCE) fill In also the following:
<u> </u>
16. BIRTHPLACE (city or town) Oata of injury Oata o
(Specify city or town, county and State) 17. INFORMANT Hrs. Katherine Ebersole, (Address) Hagerstown Md. Where did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md oata June 13,1932. Nature of injury.
19. UNDERTAKER "red W. Kraiss. (Address) Hagerstown, Md. 24. Was disease or injury in any way related to occupation of dacaased? If so, specify
20. FILEO 6 - 13- , 1932 15 West Downs (Signed) ON Sheet Company (Address) from any

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	STACE FUN	FURILLIA	STATISTICAL	13 1	LHIBIUIAN

BINDING

FOR

RESERVED

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Example I	[Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU V. 6.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Q1 Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign hirth? ______yrs. _____mos. ____ ds. PHYSICIANS Langth of residence in city or town where death occurred Ward. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) married (Month) BINDING 5a. If married, widowed, or divorced HUSBAND of CERTIEN. That I attended deceased from (or) WIFE of 7-17-6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than Years Days to have occurred on the date stated above. 1 day, ____hrs. RINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onse 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, RESERVED nous SAWYER, BOOKKEEPER, etc 9. Industry or business in which may back should work was done, as SILK MILL, moul SAW MILL, BANK, etc ... x10. Date deceased last worked et / 11. Total time (years) this occupation (month and spent in this occupation Other Contributory Causes of Importance: MARGIN 12. BIRTHPLACE (city or town (Stata or country) FATHER Name of operation... 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?_ Was there an autopsy? L carefully MOTHER 23. If death was due to external causes (VIOVENCE) fill in also the following: 15. MAIDEN NAME Accident, sulcide, or homlcide? ______ Date of injury ______ 19______ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE 17. INFORMANT plnods (Address) OF 18. BURIAL, CREMATION, OR Manner of injury ... CAUSE Nature of injury ___ 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify ____ Registrar (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Paltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	5 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	301	July 5,1927	Peritonitis	3 days ago	
	CREATIVE.	2			
		A CONTRACTOR OF THE PARTY OF TH			
Other contributory causes of in	nportance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(159)
County Workington	Registration Dist. No. 307
Village or City garrow bung	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?mos,ds.
2. FULL NAME Melvin Philips	Varilten.
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 17 19832
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
17 16 1020	June 17 1932, 10 Muse 17 , 1932
6. DATE OF BIRTH (month, day, and yeer)	I last saw have alive on the 17, 19.32; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at AO. 29. 11m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
or20-min.	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	Tremature vorch
work was done, es SILK MILL, SAW MILL, BANK, etc.	
O late deceased last worked at this occupation (month and spart in this occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) AND MINISTERS AND MAN	
13. NAME Melsyn Contract	
I Market San	
4. BIRTHPLACE (city or town) 9 10 10 10 10 10 10 10 10 10 10 10 10 10	Name of operation
15. MAIDEN NAME TO LALL TO COME.	What test confirmed diagnosis?
H COUNTY CONTROL	23. If death was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where dis injury occur?
I lay of Halder.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, III HOME, OF IN PUBLIC PLACE.
18. BURIAL, OREMATION, OR ASMOVAL	Manner of injury
Piacy Brown Ville Modate June 19, 1932	Nature of injury
2 L. Backles.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER BOWOU W. 9/10.	if so, specify
20 FILED June 18 th, 1932 Cornelius W. Castle	(Signed) & to the sou M. D.
If more blanks are needed, address State Resistrar.	(Address) The Paris Street Relimore Requesting (7) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210·m
County Washington	Registration Dist. No. 202
Village or City Hagerstown	11/0 15
Village bit city / City / City / City (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Howard Tr. Cor	uu.
(a) Residence: No. 40 U. Rocust	St., 2/ Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
male White small.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
7.1.18"1011	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end yeer) Way 11	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 deyhrs.	to have occurred on the date stated above, at
27 0 28 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER RONKKEFER atc.	Itilled in automobile
The state of the s	aculent;
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Fraction Skull me when
O. Date deceased last worked at	injuries
this occupation (month and spent in this year)	
VI. d	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Clear State or country)	
13. NAME Stewart Cyclus 14. BIRTHPLACE (city or town) Se Meley Co	
14. BIRTHPLACE (city or town) Reviewy Co	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LOCKE Staffy 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Besteley teo	Accident, suicide, or homicide? Date of injury, 19
E (State or country) W. Va	Where did injury occur?
17. INFORMANT Stewart Enw	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Falling Waters, Work	In public highery, new Haguston, my
18. BURIAL, CREMATION, OR REMOVAL & Word	Manner of Injury
Place Marketshy Date 6/18, 1932	Nature of Injury
19. UNDERTAKER Eusseter Nous	24. Was disease or injury In any way related to occupation of deceased?
(Address) Hagerstown and.	If so, specify
10 5450 6-17-32-6461HBar 1010	(Signed) I when During Grover up.
20, FILED, 19.2 — May 11 Journ Registrar.	(Address) (Americal Marie Mari
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CENTIFICATE OF DEATH

1. (1. C) W

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago 1921 Run over by street car 1 week ago Chronie interstitial nephritis Julu5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis 1 year Gallstones

Exact statement of OCCUPA-

	nfor-	state	
	of i	Id	-
)	item	nous	
	Very	IANS	
	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	
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V. S. No. 1	8	-	
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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

1. PLACE	SIAIE (OF MAR	YLAND-	CERTIFICATE	OF DEA	IH	16686
	"ashington			60	Registration [11 No (3)	11
County Village o	Twale		**	tation) f death occurred in a hospital or institution of the second of	tution, give its NAME	instead of street an	
2. FULL N	NAME Emma Jan	e Cross Same		St., Ward.			
PERSO	ONAL AND STATIST	(Usual place		MEDICAL	CERTIFICATE	OF DEATH	THE REAL PROPERTY.
3. SEX female	4. COLOR OR RACE White	5. SINGLE, MAR	RIED, WIDOWED, D (rupite the word)	21. DATE OF DEATH	-		, 193 (Year)
(or) WIFE o	dowed, or divorced of Samu e	1 Cross	146	22. I HEREB Use 14 Use 14 Use 14 Use 14 Use 19 U	Y CERTIFY	Y. That I attend	
7. AGE 85	Yoars Months	Days 27	If LESS than I day, hrs. or min.	to have occurred on the dete so The PRINCIPAL CAUSE OF DEA were as follows:	7 . 44	s of importance	Date of onse
9. Industry Work SAW 10. Date dec this c year)	MILL, BANK, etceased last worked et occupation (month and 1920	f1. Total ti	rk ime (years) nt in this life upation	Jullowel Pany Other Contributory Causes of im	a fall	zia	
	Joseph Sout ACE (city or town) Maryl			Name of operation			
(Stat	e or country)	1. 771 - 4.4		Whet test confirmed diagnosis?_			
		ryland		23. If death wes due to external c Accident, sulcide, or homicide? Where did Injury occur?			
f7. INFORMANT . (Address)	T 3 3 18 3			Specify whether Injury occurred	(Specify city or In INDUSTRY, In HO	town, county and S ME, or in PUBLIC	State) PLACE,
	MATION, OR REMOVAL			Manner of Injury			
Place 13. 19. UNDERTAKER (Add;ess)	W7 1 7 6 101 C		. 20,19.32	Nature of injury 24. Was disease or Injury in any If so, specify	way related to occupa	ition of deceased?	
20. FILEDILLI	Ul 20,132 /0	siaho.	About 1	(Signed) 4 1 1 (Address) . W	liamp	her	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	PLACE OF DEATH				STATE OF	MARYLAND
C	County Washington C.	0		(2)		E OF DEATH
	WITHIN CORPORATE			6	Registration	Dist. No. 302
Villa	age or City Hagerstown			St.	St.: 5 Ware	tion, give its NAME instead of street and
	² FULL NAME	De	Launey			number.)
	PERSONAL AND STATIST		ARS	MEDI	CAL CERTIFICATE	OF DEATH
	Not etermined White	MARRIED. WIDOWED. SI OR DIVORCED (Write the word)	ngle		June (Month)	
6 D	ATE OF BIRTH					tended the deceased from
	June	9 6	1.932	June	6 1932 . to	June 6 , 132
	(Month)	(Day)	(Year)	that I last saw h	alive on	, 192
7 AG			fLESS than day hrs.	The CAUSE OF DE	ATH * was as follows:	d above, at 2:00A m
200	CUPATION U	nos. 0 ds.	or min.?	Stil	lborn 3 mos	gestation.
(b)	Trade, profession or rticular kind of work	None None			(Duration)	yrs. mos. ds.
9 81	RTHPLACE (State or country) Hagerston	em Md		Contributory Secondary	(Duration)	yrs, mos ds
1	10 NAME OF			-	7.60	156787 M. D.
1112 %	II BIRTHPLACE	layton DeL	auney_		The second secon	rstown, Md.
ZENT.	OF FATHER (State or country) Sharps	ourg, Md.	,	*State the Violent Causes, Accidental, Suicida	Disease Causing Death state (1) Means of 1st or Homicidal.	or, in deaths from njury and (2) Whether
PAR	OF MOTHER Olive V	irginia Cr	ampton	18 LENGTH OF R		itals, Institutions, Trans-
1	OF MOTHER	sburg, Md		At place of deathyrs		teyrsds.
14 TI	HE ABOVE IS TRUE TO THE BEST			Where was disease con if not at place of de Former or usual residence	ntracted, :aih?	
	(Informant) Mrs. C. C.			19 PLACE OF BURI	AL OR REMOVAL	DATE OF BURIAL
15 F	(Address) Hagersto	Kosffso	Coco	Hagersto 20 UNDERTAKER	wn, Md.	June 6 19 \$2.
	If more hanks are			16 W Saratows St	Balton Requesting V.	S No. 1

Lesen

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write Nonc. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Furmen (re-1-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm loborer, Loborer-(b) Cotton mill; (a) Solesmon. without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material Coal mine, etc. (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEA... CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria avoid use of "Croup"); I sphaid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Meosles; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of houd-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainapproved by American Medical Association. Recommendations on statement of cause of death peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as Committee on Nomenclature of the Chronic valvular heart etc. The contributory discase; not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.

should state

of infor-

1. PLACE	STATE (OF MARYLAND—	CERTIFICATE	OF DEA	TH	5870
	Washington		(13.6)	Pagistration	Dist. No. 30	D
	city Sharps		No. f death occurred in a hospital or institut		st.	Ward
Length of re	esidence in city or town where	1114	s. ds. How long In U.S. if of			
2. FULL N	AME James	A. Earley				
(a) Resid	ence: No. Sam	(Usual place of abode)	St., Ward.	If nonresident	give city or town a	and State
PERSO	NAL AND STATIST	TICAL PARTICULARS	MEDICAL CI	ERTIFICATE	OF DEATH	
s. sex male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W100Wed	21. DATE OF DEATH	June 1	.3.1932	, 193 (Year)
(or) WIFE of	manguin	Hines June 17. 1858	gnly	1928 , to A	Y. That I attend	1939
	H (month, day, and year) Years Months	2 Pays If LESS than I day, hrs. or nin.	to have occurred on the date state	d above, at 9 .	30-P. es of importance	Oate of onset
Industry of SAW In Oate dece	ofession, or particular if work done, as SPINNER, ER, BOOKKEEPER, etc	etired Farmer 11. Total time (years) spant in this occupation	Chrone mys	rosio endit	g-	1910
z. BIRTHPLACE (State or c	(city or town)	land	Anricullar	4 fint	lation	Jan 1
13. NAME	James A E	arlev			C	
	ACE (city or town)P		Name of operation What test confirmed diagnosis?			
15. MAIOEN 1 16. BIRTHPLA (State	NAME Mary Mo ACE (city or town)		23. If death was due to external cau Accident, sulside, or homicide? Where did Injury occur?			
17. INFORMANT (Address)	S Allen Poff Sharpsburg	emberger Md	Specify whether injury occurred in		r town, county and S OME, or in PUBLIC	
18. BURIAL, CREM	ATION OR REMOVAL	Date June1-6, 19-32	Manner of injury			
19. UNOERTAKER (Addiess)	Albert Lea Williamspo	f	24. Was disease or injury in any w	ay related to occup	pation of deceased?	1
20. FILEO	5 , 19.82 2	Registrar.	(Signed) // ACCOM	arpri	my,	mis

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	301 7 1032	July 5, 1927	Peritonitis	3 days ago
	JREAU	1.3		
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH
EATH					

06874

1	. PLACE OF DEATH		82-a
	County It as hered/	no	Registration Dist. No. 302
	Village or City Oagenshar	200	No2325 mullery St. 3 Ward
		/ (If	death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred	yrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2	. FULL NAME Celara	Fulc	a de la companya della companya dell
	(a) Residence: No. 2 3 2 8 1 Mulls	of abody	St., 3 Ward. If nonresident give city or town and State
400,000	PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3,	SEX 4. COLOR OR RACE 5. SINGLE, MARI OR DIVORCEE SMART	RIED, WIDOWED,) (write tha word)	21. DATE OF DEATH June 28 , 193 2
5a.	If marriad, widowed, or divorced	COL	(Month) (Day) (Year)
	HUSBANO OF Ofillis Filet	,	22. I HEREBY CERTIFY, That I attended deceased from
6. 1	DATE OF BIRTH (month, day, and year) Och. 13	-1879	I last saw han alive on 28 , 1932; death is said
7. /	AGE Years Months Days	If LESS than	to have occurred on the date stated above, at _/30A.m.
4	52. 8 14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	8. Trade, profession, or particular kind of work dona, as SPINNER,	/0.	Cerbal Hemorhaga June Il
ATI	SAWYER, BOOKKEEPER, atc. Allower 9. Industry or business in which	wy D	
UP	work was dona, as SILK MILL, SAW MILL, BANK, etc.	//	
OCCUPATION	10. Date daceased last worked at this occupation (month and spen	me (yaars) t in this pation	
	OA-1-1	pation	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town)		Ortero 5 Clerosis
00	0	0-1-	
HEI	13. NAME Jonathan Stot	ulli	
FATHER	14. BIRTHPLACE (city or town) _ Chafenon	21-	Name of operation Date of V
	(Stata or country)		What test confirmed diagnosis? Was there an autopsy?
빞	15. MAIDEN NAME GULRANOUN		23. If death was due to external causes (VIOL ENCE) fill in also tha following:
MOTHER	16. BIRTHPLACE (city or town) In Provide	w	Accident, suicide, or homicide? Date of injury, 19
Σ	(Stata or country)		Where did injury occur?
17.	INFORMANT DESTRUCTION (Address) 2.300 Mg (Address)	May Petro	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	0:21.	Manner of injury
	Place Rese Hill Centrate Guis	1932	Nature of injury
	On for Dailing		
19.	UNOERTAKER A C. LIGHTER OF (Address)		24. Was disease or injury in any way related to occupation of deceased?
	1-19-12: 14.16	3- 10-1	(Signed) Am Dilled M. D.
20.	FILED G 1921 OHLSS	Registrar.	(Address) Hagenston, ma
	If more blanks are needed, as	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car-	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Bolsimore, Requesting V. S. No. 1.

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Example I	W1313	Example II	
The principal cause of death and related cau of importance were as follows:	ISES Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH	873
1. PLACE OF DEATH	920	
county Washington	Registration Dist. No. 5 0	2
Village or City 26 a g in town	No. Wash Co Novel St. 5	Ward
, (16	death occurred in a hospital or institution, give its NAME instead of street and no	
Length of residence In city or town where deeth occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmos	sds.
2. FULL NAME David Wellew Le	lbert	
(a) Residence: No. S S Gast ave	St, Ward.	,
(Usual place of abode)	/ If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	21. DATE OF DEATH	
OR DIVORCED (write the word)	6 2/	193.52
the wall and	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.) I HEREBY CERTIFY, That I attended d	eceased from
(0) 1112 0	May 4, 132, 10 June 2/1:	., 1952
6. DATE OF BIRTH (month, day, and year)	I last saw h em alive on fund 20 , 1832	death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at To apm.	
6/ 9 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
8 Trade profession or particular	augua Perloralia	Date of onset
kind of work done, es SPINNER, Cocountant	Parisadito acute	6-8-32
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 1. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at July 11. Total time (years) this preparation (month and	Percendal effurción	6-15-32
SAW MILL, BANK, etc	Parson Confertion Pleanel	6-17-32
10. Sate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation.		
D 1 +	Other Cantributary Causes of importance:	
12. BIRTHPLACE (city or town) Level 12. BIRTHPLACE (city or town)	Trousto-pecamonia	5-7-3:
(State or country)	mulal sureficient	5- 3/
13. NAME KOUN h esibert 14. BIRTHPLACE (city or town) Leitersburg (State or country)		
14. BIRTHMACE (city or town) Levelson	Name of operation further plant Date of C	-17-32
(State of country)	What test confirmed diagnosis? The Was there an at	utopsy?
15. MAIDEN NAME Wary Street	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Mary Striter 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT May 6.W. Woffensberger	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLA	ĆE.
(Address) So Gast WE, 18. BURIAL, CREMATION, OR REMOVAL)		
Place Way rest pro 1 Dete 6/23, 1932	Manner of injury	
family to offer		0
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?	
1-12-21 loke Hold	(Signed) W. Honard Jegger	M. D
20. FILED C , 19 Registrar.	(Address) frage Belg Hogewhan	prof.
If more blanks are needed, address State Registrar,	2411 N. Charles Street Baltimore, Requesting V. S. No. 10	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	814
1. PLACE OF DEATH	(B)	
County Washington	Registration Dist. No. 30	2
Village or City Magustown	No. 234 E Franklin St. 4	Ward
Length of residence in city or town where death occurred 4 8 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth? yrs	
2. FULL NAME Lillian N. Frim	m	
(a) Residence: No. 23 4 E. Hanklin (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR SINGLE, MARRIED, WIDOWED, OR SINGLE write the word)	21. DATE OF DEATH (Month) (Oay)	193. 2 (Year)
(a. II married, widowed, or divorced HUSBAND of Gor) WIFE of Fredh S. Grimm	22. I HEREBY CERTIFY, That I attended of	eceased from
5. DATE OF BIRTH (month, day, and year) Sept 25 1863		: death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.30 Qm.	,
68 8 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	0
3. Trade, profession, or particular kind of work done, as SPINNER,	nephritis chy	Date of onset
SAWYER, BOOKKEEPER, etc.	myocarditis	7
Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	V	
Date deceased last worked at this occupation (month and spent in this occupation)		
(2. BIRTHPLACE (city or town) Baltzinse (State or country)	Other Contributory Causes of importance acute delitation Heart	6/3/32
13. NAME Solan Weth		
14. BIRTHPLACE (city or town) Baltimore	Name eI operation Date of	
(State or country)	What test confirmed diagnosis? Was there an au	itopsy?
15. MAIDEN NAME Hargerite Thompson	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Baltziure (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Mr. Clarence Grams (Address) Haguston Md.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Hagustown Md, Date June 6, 1932		
9. UNDERTAKER Scatt 7. Mining & Son	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED 6-4-, 193 - Miles Alloward Registrar.	(Signed) A S. Porterfuld (Address) 136 W Washington	M. D.
Registrat.	(vontess) - 1 - 1 - 1 - 1 - 1 - 1 - 1	V1-

If more blanks are needed, address State Registrar, 2011 No Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	
item of should of OCC	Village or City Ca Q CYSTOWY	Registration Dist. No. 30 > No. Wash Co Hosp Palst, 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
> 00 m	Length of rasidenca In city or town where death occurredyrs,mos	ds. How long in U.S. if of foralgn birth?
CORD. Every PHYSICIANS	2. FULL NAME Stoll Born Chold of	Paul E. Graber.
. = =	(a) Residence: No. \\2 Cubx & SS	St., S Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO F. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E 2	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yeer)
BINDING PERMANENT EXACTLY y classified.	5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, Thet I attended deceased from
MAN A (A)	(or) WIFE of	June 17, 19.32, to June 17, 19.32
	6. DATE OF BIRTH (month, day, and year) Tune 17 -1932	I last saw h alive on, 19; death is said
FOR BI IS A PE stated E properly certificate	7. AGE Years Months Oeys If LESS than 1 day,hrs.	to have occurred on the data stated above, at
70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Stillhorn
TH. I P P P P P P P P P P P P P P P P P P	SAWYER, BODKKEEPER, etc.	7 mos. gestation
EERVI VK—Ti should it may n back	9. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc	Asexual monster.
INK S shot t it it on h		
RE NG AGI tha	12. BIRTHPLACE (city or town) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Othar Contributory Causes of importanca:
ARG] UNFA upplied terms,		
MA MA sup sup he te	13. NAME (cu) - Ovuber. 14. BIRTHPLACE (city or town) Hagey Stown. (State or country)	Name of operation
WITH WITH efully sin plain ant. See	= 15. MAIDEN NAME Helen Ahn Howard	23. If death was due to external causes (VIOLENCE) fill in also the following:
	15. MAIDEN NAME Helen Ann Howard 16. BIRTHPLACE (city or town) ham beys burg	Accident, suicide, or homicide? Oete of injury 19
INLY be c	S (State or country)	Where did injury occur?
ABBA	17. INFORMANT Call E Gruber (Address) La Call Craber	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
S Sh	18. BURIAL, CREMATION, OR REMOVAL Place Q Q S X V M M Q Date June 18 1932	Menner of injury
-WRITE mation sl CAUSE TION is	19. UNDERTAKER TICOXXMan	Natura of injury 24. Was disaase or injury In any way releted to occupation of deceased?
S. No. 1	(Address) Hagidystown. md	If so, specify
s, X	20. FILED 6 78-, 1932 Start Francis	(Signed) Hagerstown Ng M. D.
Jy Campo	If more blanks are readed added to the Coast Dates	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonilis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	0	63	10,	1	
U	0	0	1	6	

1. PLACE OF DEATH	(21)(-9)
county Washington,	Registration Dist. No. 502
Village or City near Hagero tour	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME allew B. Ha	mis
(a) Residence: No. 4 Ca B (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR BYACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 1 193 2
. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Margaret Louise Havis	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) 48 96	I last saw h; death is said
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1:157 m.
0 2 // ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER. Alexandral SAWYER, BOOKKEEPER, etc.	Owhed in aeroptime
9. Industry or business in which work was done, as SILK MILL, Frankling Cold. SAW MILL, BANK, etc	feel.
10. Date deceased last worked at this occupation (month and year) BIRTHPLACE (city or town) BUSTUNION 11. Total time (years) spent in this occupation occupation.	Other Cantributary Causes of importance:
(State or country) 13. NAME Alling (Ale Harris)	
14. BIRTHPLACE (city or town) / Salto,	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Name Name Name Name Name Name Name Name	23. If death was due to external causas (VIOL ENCE) fill in also tha following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
INFORMANT CO CY Names (Address) Bastertown und	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place To Les Cortones Date 6/26, 19 32	Manner of injury
UNDERTAKER Countier Lous (Address) Aggrafour mil	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Fullury a M. I
, FILEU	(Address) Tackurdod Swerne

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis R	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

W. H Wisland

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Example I	•	Example II		
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Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE	OF	MARYL	AND-	-CERT	IFIC	ATE	OF	DEATH	1
						and a			

-	mar.	and the same
- 23	68	7.52
-70	WW.	6 100

1. PLACE OF DEATH		(91)	
County Washington		Registration Dist. No	302
Village or City Hagersto	PERATE LIMITS OF	No. Washington County Home death occurred in a hospital or institution, give its NAME instead of st	
	5.0 (lf	death occurred in a hospital or institution, give its NAME instead of st	reet and number)
		ds. How long in U.S. if of foreign birth? yrs	mos. ds.
	Fenry	100 mm 17	
(a) Residence: No. Washing	ton County Home (Usual place of abode)	St., 5 Ward. If nonresident give city or t	own and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX Male White	s. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced	21. DATE OF DEATH June 19 (Month)	, 193 2 • (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	hnaun	22. I HEREBY CERTIFY, That I	attended deceased from
6. DATE OF BIRTH (month, day, and year)	1852		193 2 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the data stated obovo, at 4:30Pm	as a second second
80	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importa were as follows:	
8. Trade, profession, or particular	UI	Well as lutiows.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Laborer		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Simble	wyku
SAW MILL, BANK, etc	11 Total time (veers)		
this occupation (month and year)	11. Total time (years) spent in this occupation		
M	· le mour	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) VE	MANNON W.	7 1 1 1 1 1 1 1	
		antinio- ellinosis	mhm
71	· · languar		
14. BIRTHPLACE (city or town) V2	No wow w	Name of operation	
	Wetens	What test confirmed diagnosis? Was t	
	nknown	23. If death was dua to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide? Date of Injury	
2 16. BIRTHPLACE (city or town) Va		Where did injury occur?	/, 19
		(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or In PU	and State)
17. INFORMANT Mrs. Rebecc (Address) Hagerst	own. Md.	Specify whether injury occurred in industry, in nowe, of in po	DLIG PLAGE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Placa Hagerstown	Data June 2 / 1932	Natura of injury	
19. UNDERTAKER Fred W. Kr	sies.	24. Was diseasa or Injury In any way related to occupation of dece	
(Address) Hagerstown		If so specify	
m 515 6-20 52	short Breeze	T 1 4/ 1 30-1/14	M. D.
ZU, FILED, 19	Registrar.	(Signed) Fre Munch A. Outh	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephrais	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	21		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Y. PHYSICIANS should state Exact statement of OCCUPA-

AGE should be stated EXACTLY. PHYSICIANS

certificate.

See instructions on back of

TION is very important.

item of infor-

pation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

B ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH (18879)	
1. PLACE OF DEATH	<u></u>	
county Was Jungton.	Registration Dist. No. 305	
Village or City Dookstono Chor	ND. St., V. death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where death occurred yyrs		ds.
2. FULL NAME Florence Of Thin	es	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. CØLOR ØR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Flemale. (Phite undowed.	(Month) (Day) (Yea	ir)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22 March BEREBY CERTIFY, That I attended deceased	from 32
6. DATE OF BIRTH (month, day, and year) Nov. 5-1861	I last saw her aliva on June 5 1932 death is	s said
7. AGE Years Months Days If LESS than	to heve occurred on the date stand above, at 7: 30 Pm.	
70 7 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEFER, etc		
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	Chronic Myocardotis, 19	30
this occupation (month and yaar)		
12. BIRTHPLACE (city or town) Maryland.	Other Coutributory Causes of importance:	
(Stata or country) E 13. NAME George Stine.	Chrone neghrons. 19	15
13. NAME Longe Sline, 14. BIRTHPLACE (city or town) M.	Name of operation Date of	
(State or country) Maryland,	What test confirmed diagnosis? Was there an autopsy?_	
15. MAIDEN NAME / Faruel Clopper.	23. If death was due to external causes (VIOLENCE) fill in also the following:	•
(State or country) Mary land.	Accident, suicide, or homicide?	
17. INFORMANT Sousboro Med,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMITION OR REMOVAL Place Of Kocusullo Data 6/8 - 1932	Manner of injury	
19. UNDERTAKER G. J. Sumanto	24. Was disease or injury in any wey related to occupation of deceased?.	
20. FILED June 7, 1952 William J. Bast Registrar.	(Signed) V: Lelfara (Address) Soonsbroom	_M. D.
Acgistat.	(1.001004)	

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Example I	i	Example II	
The principal cause of death and related cause of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
With the second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis'	1 year
Uqusionits	Mug1,1323	Outsi ventei iio	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1688)
1. PLACE OF DEATH	- BY 304
County Mashing Ton	Registration Dist. No.
Willage or City Hancock &	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME LOSEFULL TUS	her fixor.
(a) Residence: No. frayou (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Jale 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Spring the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Or) WIFE of Maney Ellen Brody Hijon	22. 1/HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year 7) 50 1845	i last saw h sin alive on 61 9 , 1937; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, av. 35 km.
86 6 19 1 dey,	The PRINCIPAL CAUSE OF DEATH and related causes of importance, were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, AND MEETING TO SAWYER, BOOKKEPER, etc.	Corres Derosis
Industry or business in which work was done, as SILK MILL	baremonogo
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and	right signed today
this occupation (month and year)	Sua Fresh
12. BIRTHPLACE (city or town) Mach Constitution (State or country)	Other Contributory Cones of importance:
13. NAME Jaah Juyon	
13. NAME Jack Hybri 14. BIRTHPLACE (city or town) Millton Culled State or country of the count	Name of operation
(Stele of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME My avish Husling	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 12 abril 18. MAIDEN NAME 12 abril 16. BIRTHPLACE (city or cown) A. L. Jan Du Ju	Accident, suicide, or homicide?
Flynn Shrine	Where did injury occur?
17. INFORMAN (Address)	Specify whether injury occurred in INDOSTRI, in NOWE, of the FOREIC PEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place faucoch Mate. Uphih 1931	Nature of injury
19. UNDERTAKER PROCESS OF THE	24. Was disease or Injury in any way felated to occupation of deceased?
20, FILED. 6/20, 1032 9 entires	(Signed) J. JA J Dran J. M. E
Registrar.	(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral homorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

V. S. No. 1

1. PLACE OF DEATH	(95-7-)
County Washington	Registration Dist. No. 300
Village or City Mt. Briar near Keedy	rille Na
Length of residence In city or town where death occurredyrs.	If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Frank Alburtus H	.1 St Ward.
(Usual place of abode	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	MEDICAL CERTIFICATE OF DEATH
male 4. color or RACE 5. SINGLE, MARRIED, White 5. SINGLE MARRIED, White	
5a. If married, widowed, or divorced HUSBAND of Nannie Stull (or) WIFE of Nannie	22. HEREBY CERTIFY. That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Jan 23.188	I last saw h alive on ,19 ; death is sa
	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Genesal Mill, BaKK, etc. 10. Data decaased last workad at this occupation (month and nel 3, 32 spant in this occupation) 12. BIRTHPLACE (city or town) (State or country)	to Rent Dilation A Heart. Other Contributor Causage involvable enter Syne S
13. NAMETuther Hull 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation
15. MAIDEN NAME EMMS Nave	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Emma Nave 16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs Frank Hull (Address) Sharpsburg Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR-REMOVAL	Manner of injury .
Placa Sharpsburg Md Date June, 1	1932 - Nature of injury
Albert Leaf 19. UNDERTAKER WILLIAMSPORT Md (Address) WILLIAMSPORT Md	24. Was disease or Injury in any way related to occupation of deceased? If so, specify
20, FILED 6/15 1932 E 4 Bear	(Signed) Mally H. Shung (Address) Charles Shung (My

00001

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	8	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis U F.A.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory.causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN	

See instructions on back of certificate.

TION is very important.

of OCCUPA

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(131)	
County Washington	T-1-1861/7-81-8-9	Registration Dist. No. 30) 2-
Village or City Hagerstown	1	No. Washington County Hospistal	3 Ward
Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?yrs	
	. Jennings	Jisa	03 us.
(a) Residence: No. 260 Breder		St., 3 Ward.	
(a) Residence: No. 200 MIECE	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White 0	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH June 24, (Month) (Day)	, 1932 • (Year)
5a. If married, widowed, or divorced HUSBAND of		N. 1717	
(or) WIFE of Edith Jenn	ings	22. I HEREBY CERTIFY, That I steended	
6. DATE OF BIRTH (month, day, and year)	ember 14, 187		
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, a 2:19 Pm.	death is seid
59 6	10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
8. Trade, profession, or perticular		Cerebras Embolism	Date of onset
kind of work done, es SPINNER, Lat	orer	Sudden.	
9. Industry or business in which work was done, as SILK MILL, Pape SAW MILL, BANK, etc.	r Mill		
O Date deceased last worked at	11. Total time (years)		-
this occupation (month and year)	spent in this occupetion		
12. BIRTHPLACE (city or town) Frederic	k County .	Other Contributery Causes of importance:	.612
(State or country) Md.		Hich Blood by cano	1930
13. NAME John Jennings		Paraleles.	1931
13. NAME John Jennings 14. BIRTHPLACE (city or town). Unknow	n	Name of operation Date of	7
(State of Country) Letter		Whet test confirmed diegnosis? Was there an a	autopsy?
15. MAIDEN NAME Lydia Zeig	ler	23. If death was due to external causes (VIOLENCE) fill in also the following	g:
15. MAIDEN NAME Lydia Zeig 16. BIRTHPLACE (city or town) Freder (Stete or country)	ick County	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Mrs. Edith Je (Address) Hagerstown, M		(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Burkettsville, M	d. June 2719 32	Nature of injury	
19. UNDERTAKER Fred W. Krais	S.,	24. Was disease or injury in any way related to occupation of deceased?	ho
77	d.,/	If so, specify	
20. FILED 6 - 17- 1932 6 Kon	ft Dower	(Signed) 15, 4, Juriou	M. D.
	Registrar.	(Address) flefentown h	Le,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		3861 Q 1DP	
Other contributory causes of importance:	114	Other contributory causes of importance:	,
Gallstones	May 1,1923	Gastroenteritis	-1 year

V. S. No. 1

STATE OF STA	F MARYLAND—	CERTIFICATE OF DEATH
County Washing to Village or City Hagerston Langth of residence in city or town where dea	n (II	Registration Dist. No. No. Washington County Hospital Ward f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Grandison (a) Residence: No.308 N. Jo		St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH June 13, 193 2. (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Mamie Johns	en	22. MEREBY CERTIFY That I attended deceased from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A DATE OF SIDTH (1858	I last saw have alive on 13 1932; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 74	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3: 45 P m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Bush Mill, BANK, etc. 10. Data deceased last worked at this occupation (month and year)	Servant tler 11. Total time (years) spent in this occupation	My ocarcleas insufficiency
12. BIRTHPLACE (city or town) Frede (State or country)	ricksburg,	Other Coutributory Causes of importance:
교 13. NAME	Johnson	,
13. NAME 14. BIRTHPLACE (city or town) (Stata or country) Unknown	wn	Name af operation
15. MAIOEN NAME Unknoth 16. BIRTHPLACE (city or town) Unknoth (Stata or country)		23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Nrs. Mamie J (Address) Hagerstown, 18. BURIAL, CREMATION, OR REMOVAL	ohnsen, Md.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Placa. Hagerstewn, Md	Data June 15 , 1932	Manner of Injury
19. UNDERTAKER Fred W. Krai (Address) Hagerstown,		24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.
	Registrar.	(Address) Harman ud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 5 1852			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCURA-

STATE	OF	MARYI	AND-CERTIFICATE OF DEATH
SIAIL		IMIVILIF	AND CENTILICATE OF DEATH

	1. PLACE OF DEATH	(3)
	County Washington	Registration Dist. No. 302
	Village or City Tag along	No Wash. County Hospitalst., 3 ward
		death occurred in a hospital or institution, tive its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
	2. FULL NAME Jacob Johnson er	
1	(a) Residence: No. 1159 Hamilton Blod.	St. Ward.
1	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word) Male Marie (William of the word)	21. DATE OF DEATH 6 7 , 198 2 (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clipabith Lag Johnson	22. I HEREBY CERTIFY, That I attended decessed from
e.	6. DATE OF BIRTH (month, day, and year) 12-24-1882	alive on 0/7 1932; death is said
certificate	7. AGE. Yeers Months Days If LESS than	to have occurred on the date stated above, at 11.5.0. A.m.
rtif	49 45 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of ce	8. Trade, profession, or particular kind of work done, as SPINNER, Butcher SAWYER, BDDKKEEPER, exc.	Epidemia Cerebro Spraf Mening 15 is 6/3/32
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
ou p	12 Dete deceased last worked at 11. Total time (years)	
	this occupation (month end $6-32$ spent in this 2.7	
instructions	12. BIRTHPLACE (city or town) Pennington	Dther Contributory Causes of Importence:
truc	(State or country) There. Justy	
ins	13. NAME facet forman St. 14. BIRTHPLACE (city or town) Sumbatville (State or country)	
See	14. BIRTHPLACE (city or town) dambuturlla	Name of operation
	(State of country)	What test confirmed diagnosis? Jabrin Juny Wes there en eutopsy?
important	E Pains To	23. If death was due to external causes (VIOLENCE) fill in also the following:
por	O 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide?
very im	17. INFORMANT Richard H. Johnson (Address) Haguston Md.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
13.	18. BURIAL, CREMATION, OR REMOVAL Cam. Hay Place Hest Heavin Date 6-10 1932	Manner of Injury
TION	19. UNDERTAKER Richard M. Comad. (Address) Cleanspring Mayland.	Nature of injury
W W	20. FILED 6 - 8-1, 1932 Chaift Source Registrar.	(Signed) J Musky Haynotra Ma M. D. (Address) 12 ONN askings Naynotra Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	0000
1. PLACE OF DEATH	(BP)	
County Washerenton	Registration Dist. No.	02
Village or City Hage Wallow Mo	No. B/O St., St., of death occurred in a hospital or institution, give its NAME instead of street and	16
Length of residence in city of own where death occurred		
2. FULL NAME Thurst	ours	
(Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR ON PLACE 5. SINGLE, MARRIED, WIDOWED, ON THE ORDED (carried the world)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of		
Wiew 6. Jours	22 March 2, 1927 to June 1,	d deceased from
6. DATE OF BIRTH (month, day, and year) Tand 1845	i last saw h lun alive on Jame 11 , 19.3=	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date state debove, at 3.00 P. m.	
87 4 2 5 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	Cirleno-belerono	3-2-27
kind of work done, as SPINNER, Col. Merhaut	Chronic Myscardito	3-2-27
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chrowie and neplines	3-11-32
U 10. Date deceased last worked at 11. Total time (years)	- Derrylensely	5-1-3
this occupation (month and year) spent in this 494		
La Kenna	Dther Contributory Causes of importance:	0 112
12. BIRTHPLACE (city or town) (State or country)	augua Pedores of intendo	2-1/-3
13. NAME Chelliam Louis	during period 3-2-27.	116-1-7
13. NAME Chelliam Loves 14. BIRTHPLACE (city or town). Cappauly (State or country)	20 40	
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Pla NAL / Church The H	23. If death was due to external causes (VIOLENCE) fill in also the followin	
15. MAIOEN NAME Paral Chuy Writh	Accident, suicide, or homicide?	-
(State or country)	Where did injury occur?	, 17
Chance Founds	(Specify city of town, county and Sta	ate)
17. INFORMANT (Address) 3/0 7/.	oponi, middle man, occasion in the sound, in monic, of in 1 section 11	LAUL.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place / uges bus Oate 43 , 19.3		
19. UNDERTAKER Consutter Hono,	24. Was disease or injury in any way related to occupation of deceased?	20.
(Address) A a g confoure tud.	11. so, specify W Hoven & Poget	
20. FILED 6 Land 1932 Collaboration Registrar.	(Addrass) Storylyten Jul	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore Requesting U. S. No. 1.	

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		6,7 17	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE County__

STATE OF MARYLAND-	CERTIFICATE OF DEATH
OF DEATH	(1)
Washington	Registration Dist. No. 33
City Kagers Your	No. Wosh Co Hosp Kal St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
esidence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?wrsds
AME Frederick Spealer Ky	ceigh.
ence: Np. HuyeHS	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH

Village or City Kagers Your	No. No. Sh. Co. Husp. Yal St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of institution, give its 14-Avie, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Exedex: cle Spraler to	ceigh.
(a) Residence: No. 14 Uye HS (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The property of the color of the colo	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Cathey 'ne	22. I HEREBY CERTIFY, That I attended deceased from may 15, 1932, to June 15, 1932
6. DATE OF BIRTH (month, day, and year) - 1889. 7. AGE Years Months Days If LESS than	I last saw h Amalive on June 1.5, 19.32; death is said to have occurred on the date stated above, at 4 as m.
43 3 29 lay,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
kind of work done, as SPINNER, tax mell	Intestinal homorrhage 6-12-32
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupetion (month and year) spent in this 15475	Other Cantributary Causes of importance;
12. BIRTHPLACE (city or town) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	athenia, 6-5-37
13. NAME LOYEL ON THE 14. BIRTHPLACE (city or town) Clears bring	Gassed recounded in France 1918
14. BIRTHPLACE (city or town) C. L. Q. Y. S. D. 1. 179 (State or country)	Name of operation
# 15. MAIDEN NAME Ellen Spideler	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Broad fording (State or country)	Accident, suicide, or homicide?
17. INFORMANT TYS T= S. Kreigh. (Address) Hugetts ITT d	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place St. Tauls Cem Oate Tue 17, 1932	Manner of injury
19. UNOERTAKER H: IT. Corrange (Address) Howard	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6-16- , 19 32 blas Abour 6 Registrar.	(Signed) Mes. Do odes M. D. (Address) Winsport Md.

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFAU-V. 3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto.. Requesting

STATE OF MARYL

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illuess. If retired from definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Mauager," "Dealshould be used only when needed. As examples: (a) business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken laborer, Farm laborer, Laborerworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fuluess of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). Housemaid. etc. Civil engineer, Stationary firemen, etc. But in many Statement of Occupation-Precise statement of oe For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pdeumonia.")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ment of cause of death approved by Committee quences (e.g., sepsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or taken. For violent deaths state means of injury State cause "Puenperal septicaemia." "Puenperal peritonitis," diseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all "Uracuia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion." "Heart vulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated uuless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; of "contributory." "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Chronic valvular heart discuse; (Recommendations on state-Example: Measles (disease failure." "Haemor-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Y. PHYSICIANS should state Exact statement of OCCUPA. B.-WRITK PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	119
County Washington	Registration Dist. No.
Village or City Hoassatouru	No. Wash Co Hosel St. 3 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or fown whera daath occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos/ ds.
2. FULL NAME 6 de la 1grue	
(a) Residence: No. 450 Mc (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED Awrite the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY Thet I attandad deceesad from
al. 11 1933	JULIE - 1 , 19 32, to 0 0 11 C 7, 19 52
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	Last saw h. 121 aliva on
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on tha dete stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importanca
2 Trade profession or particular	wera as follows: Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	6/5/20
Industry or business in which	6/7/32
SAW MILL, BANK, etc	-/
year) occupation	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) A ag EN Lown	1-00 / 100 / 100 of
(State or country)	/ eeding regulation
13. NAME Proud he Krister 14. BIRTHPLACE (city or town) / Hapen town	futestinul in Signation 6/1/32
14. BIRTHPLACE (city or town) 74 aff Endlown (State or country)	Name of operation Dete of
	What test confirmed diegnosis?
16. BIRTHPLACE (city or town) Haursching Too.	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
(State or country)	Accident, suicide, or homicide?
To de la committa	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 42.3 A MOCAL PARIS	Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place /Vagers bury Data 6/9, 1932	Natura of Injury
Bushite Volanov	24. Was disaase or Injury in any way related to occupation of deceased?
19. UNDERTAKER CARROLLER WAS A CARROLLER WAS	If so, spacify
6-9: 32-640 HBonor	(Signad) Cadus Jan M. D.
20. FILED , 19 Registrar.	(Address) / L.S. (A. C.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		PAROES	
		Marine St. Commission of the C	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH Inne (Month) (Oav) (Year) _____ 19_____ to______ 19 to have occurred on the date stated above, at 1. 1512. m Monte If LESS than I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causas of importance kind of work done, as SPINNER,

3. SEX 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Oata of onset 8. Trada, profession, or particular OCCUPATION in almohlane SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... NO. Oata deceased last worked at 11, Total tima (years) occupation __ this occupation (month and Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 15. MAIOEN NAME _ 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19_____ 16. BIRTHPLACE (city or town) (Stata or country Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREMATION OR REMOVAL Manner of injury _____ Natura of injury 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER If so, specify ___ (Signed) Trickness Registrar. (Address) _ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No, 1.

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Date of onset	The principal cause of importance were Attack of epilepsy	of death and related causes as follows:	Date of onset
1921	Run over by street car	2001 0 300	1 week ago
July 5,1927	Peritonitis	0001 × 111	3 days ago
		KECKINED -	
Man 1 1000		auses of importance:	
May 1,1923	Gastroenteritis		1 year
	1921	of importance were 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory of	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	DEATH OF BEATH
County Washington	Designation Process and Advanced
Village or City 25, 174	Registration Dist. No. 3.0.5
(II	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U. 9. If of foreign birth?yrsmosds.
2. FULL NAME / Want Shalma	ken/figget
(a) Residence: No. / 7:tts.to	St., Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
Male White OR DIVORCED (write the word)	21. DATE OF DEATH 10 , 193 2 (Month) (Oay) (Year)
5a. If marked, widowed, or divorced HUSBAND of	22. I HEREBY CERTIEV That I attended decreased from
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 10. 1932, to 9. 10. 1932
6. DATE OF BIRTH (month, day, and year)	[Jast saw havin alive on Sent 10 , 1922; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8-Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this cocyclestics (worked at	
9. Industry or business in which work was done, as SILK MILL,	Gernalue Bulh
SAW MILL, BANK, etc	17:19/
O ate deceased last worked at this occupation (month and year)	5 mis.
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country)	
13. NAME CLASSES 30	
14. BIRTHPLACE (city or town) 3ttlestone	Name of constitution
(State or country) Type Co ma	Name of operation Date of
15. MAIDEN NAME Managents Signer	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? 23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or coonlry) (a	Where did injury occur?
17. INFORMANT Clarence Shormake	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place	Nature of injury
19. UNOERTAKER (Address)	24. Was disease or injury in any way related to optionation of deceased? If so, specify
20. FILES Jame 14, 1932 William . Resistra	(Signed) Brows M. O.
If more blanks are needed, address State Registrar,	(Address) Popular State Baltiman Popular St. C. N.

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Example I		Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH /	126)
county Washington	Registration Dist. No.
Village or City 2000 TO TO TO THE OF	No.326 Deminist UNIX 2 Ward
Length of residence In city of town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)
201.	1. topula
2. FULL NAME Mary Lemis C	and I word
(a) Residence: No. 5 2 6 Villary III (Usual place of abode)	SK, — Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
rengle While single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Nec 25, 137, 10 Jane 5, 132
6. DATE OF BIRTH (month, day, and year) May 16 1857,	I last saw h 2 alive on James 1, 1332; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
75 0 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Laboration SAWYER, BOOKKEEPER, etc.	110.01
	Onique hole Custific Dec.
I Industry or business in which work was done, as SILK MILL, Washes Co. he way	Mey Shote the 1 was 1 1731,
Date deceased fast worked at this occupation (month and very spant in this 3/4)	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME SLOYE W SUCOUS 14. BIRTHPLACE (city or town) - Oricova	
(State or country)	Name of operation
15. MAIDEN NAME MAME LOCAL CONTENT	What test confirmed diagnosis? Was there an autopsylff 2 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Carcord	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Mrs Wrauleast	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Hearighd U. H.	,
18. BURNAL, CREMATION, OR ACHOVAL	Menner of injury
Place W. Cah. W. C. Date: 7, 1952	Nature of Injury.
19. UNDERTAKER Duduler Tous	24. Wes disease or Injury in any way related to occupation of deceased?
(Address) Hagergating med	(Signed) S. Bruse M. D.
20, FILED 6 1 10 1 10 11 10 11 10 10 10 10 10 10 10	(Address) I all the form
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NORTH OF			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Formation 11.	sal Alamania d	will the snews tod
the angles will be	reten at was	Le Ali and
the angerwell be	authored at A	leepy Hollow
toesilary course	CI	ceduter Tous. 4. D.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

ż

S

1. PLACE OF DEATH County Mash in Short 1971 1971 1971 1971 1971 1971 1971 197	1 0 1
Village or City / Payers how No. (If death occurred yrs mos ds. 2. FULL NAME residence: No. 631 Freeling St., (Usual place of abode)	red in a hospital or iostitution, give its NAME instead of street and number) How long in U.S. if of foreign birth?
2. FULL NAME considerated Chief Reching (a) Residence: No. 631 Freshot St., (Usual place of abode)	s. How long in U. S. if of foreign birth?
(a) Residence: No. 631 Frechet (Usual place of abode) St.,	3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Serve Ce	TE OF DEATH 2 2 193 2
	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22.	I HEREBY CERTIFY, That I attended deceased f
6. DATE OF BIRTH (month, day, and year) 6 - 2 2 - 19 32 I last saw	
7. AGE Years Months Days If LESS than to have on	occurred on the star stated above, atm. NCIPAL CAUSE OF DIATED and related causes of importance follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	and the second
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Ch.
10. Date deceased last worked at this occupation (month and year) spent in this occupation	hece
12. BIRTHPLACE (city or town) / Heyersheers not (State or country)	patributary Causes of importance:
13. NAME Richard Mandheaker	
(State or country)	operation Date oft confirmed diagnosis? Was there an autopsy?
	th was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) / fryenchementhy Accident, (State or country) Where did	, suicide, or homicide?
17. INFORMANT School Mansfecher Specify w	(Specify city or town, county and State) whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place Date 18. BURIAL, CREMATION, OR REMOVAL Nature of	
0 9 11	isease or injury in any way related to occupation of deceased?
20. FILED /23/, 1932 Charles Bourant (Sign	The Co. S.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Mày 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

V. S. No. 1

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
30 K			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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Example I	Example II		
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Corolinal homorphage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	· · · · · · · · · · · · · · · · · · ·		
Other contributory causes of importance: Gallstones	M . 4 4032	Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenteritis	1 year

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lodgened in the let love at the favore the
Letteril 4 and of ville Il at love tine
by A. C. The attherness with in held for thousen

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Warshing-lon	Registration Dist. No. 302
pl I da . Mai.	
Village or City Will Leady & Comments	MNO.4 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth? yrsmosds.
2. FULL NAME CHURCH V. M. C.	romas
(a) Residence: No. Blull Killel Ligaring	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Artic the word)	21. DATE OF DEATH
fluate White widow	(Month) (Day) (Year)
a. If-mostried, wildowed, or Bivorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of 16. a. M. Cornal	6-15- 1932 to 8-22 1932
DATE OF BIRTH (month, day, and year) Feb 3" 1843	I last saw her elive on 6-22 ,1932; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:40 m.
8 9 4 19 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Copoles y
kind of work done, as SPINNER, Alfoul	
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceesed lest worked at this occupation (month and	
this occupation (month and spent in this occupation occupation	
11/antita	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	

1 1 0	
14. BIRTHPLACE (city or town)	Name of operation. Christian + Sulface 2
	What test confirmed diagnosis. 23. If deeth was due to external causes (VOLENCE) filt in also the following:
	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Rued B. Wichman	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
7. INFORMANT (Address)	The state of the s
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / Place / Les le word Oate /2/, 1932	Nature of injury
19. UNDERTAKER Sundriter Town	24. Was disease er injury in any way related to occupation of deceased?
(Address) A a army tours and	If so, specify
6-2011 9 6461413	(Signed) 19. 6. 19 ridges
20. FILED 1951 May 1000 CONT	

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	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ARE DECEMBED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREARCE	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	197
1	L. PLACE Q5 DEATH	110	
	County Washing low	Registration Dist. No. 302	7
	Village or City 1x 1 tancoci	NDSt.,	Ward
	Length of residence in city of town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and num ds. How long in U.S. If of foreign birth?	
2	2. FULL NAME DESSUE of ourse M	icharl	
	(a) Residence: No. Junton Kely 2 (Vau place of abode)	utst., Konsward. If nonresident give city or town and Sta	ile
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
-	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (were the word) If married, widowad, or divorced	21. DATE OF DEATH (Month) (Day)	93 2 (Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deci	eased from
6.	DATE OF BIRTH (month, day, and year) May 6. 1932	I Ast saw h Resalive on June 14 , 1932; di	ath is said
-	AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at .S. Voccim. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	5511 13 5416
	8. Trada, profession, or particular	were as follows:	ate of onset
0	Nind of work dona, as SPINNER, NOVE	2	
OCCUPATION	Mindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	acuto Coletia mu	Kurn
000	Id. Data deceased last worked at this occupation (month and sport in this occupation concupation.		
12.	BIRTHPLACE (city or town) I wesher md. (State or country)	Other Contributory Causes of importance:	
ER	13. NAME Herbert Michael	27.	
FATHER	14. BIRTHPLACE (city or town) Mongaus Co Wa. (State or country)	Name of operation Date of Date of What test confirmed diagnosis?	.0.6
ER	15. MAIDEN NAME & altre Mann	What test confirmed diagnosis? Was there an autop 23. If death was dua to external causes (VIOL ENCE) fill in also the following:	psy!-Mg
MOTHER	16. BIRTHPLACE (city or town) Hashes Tuel	Accident, suicide, or homicide? Date of injury	,10
17.	INFORMANT Verbert Mighael J.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATION OR REMOVAL Place / A Mrs. & Reado Date 6/18 1937	Manner of Injury	
19.	UNDERTAKER OF LUSCIUS (Address) Habicoci & mil	24. Was disease or injury in any way related to occupation of deceased?	10
20.	FILED To 17 1932 Il Jewicein Registrar.	(Signed) / Alle	rue.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I				
The principal cause of death and related causes of importance were as follows:				
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5;1927	Peritonitis	3 days ago		
63 ·				
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5;1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

	A te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	state	1. PLACE OF DEATH	93-20
		County Washington	Registration Dist. No. 302
	should f OCC	Village or City A CLGC YS TOWN	No.318 Summir It ve st. 2 Ward
	.= 0	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	Every CIANS ement	0 1 5	
	RD. Every YSICIANS statement	2. FULL NAME Dubert transcin	Ill oddle Itauxx
	RECORD, Every PHYSICIANS Exact statement	(a) Residence: No. 5 \ S \ S \ U \ \ \ \ \ \ \ \ \ \ \ \ \ \	St, Ward. If nonresident give city or town and State
	PH PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	r RECO Y. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, QR DLYORGED (write the word)	21. DATE OF DEATH
rk	7 .	Male Whire Midower	(Month) (Day) (Yeer)
BINDING	MANEN A C T I assified.	5e. If merried, widowed, or divorced HUSBAND of	22 LUEDERY CERTIES TO LANGE A CONTROL OF THE CONTRO
Ā	A ((or) WIFE of Catherine	22. May 10 1932 to James 6 1932
N N	SX2	6. DATE OF BIRTH (month, day, and year) 5 1854	I last saw h in alive on June 3 1933 death is said
	Pl d l srly cat	7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, at & P.'_m.
FOR	IS A PE stated E properly certificate	7 1 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
	st st pr	& Trade profession or particular	Date of onset
읍	HIS he be of	kind of work done, as SPINNER, Contyactor	Very cardial Jumphicians,
RV	Should it may n back	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
RESERVED	INK. sho		
贸	(T)	11. Total time (yeers) this occupation (month and 432 11. Total time (yeers) spent in this occupation occupation	
	AGE so that ctions o	12. BIRTHPLACE (city or town) Haggy Stown	Other Contributory Canses of Importance:
RGIN	a ked	(Stete or country)	Cardiac RsThura
R	ITH UNFADING ully supplied. AGI plain terms, so tha See instructions	# 13. NAME Joseph TT Pddle Kauxy	
MA	H U sup	13. NAME Joseph TT Pd Wletauxy	Name of operation
6	TH ly lain	(State of country)	What test confirmed diagnosis?
		15. MAIDEN NAME - 10 C FORY U	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	AINLY, WI d be carefu DEATH in p	5 16. BIRTHPLACE (city or town) La q Q V S V La m	Accident, suicide, or homicide? Date of injury, 19
		(State or country)	Where did injury occur? (Specify city or town, county and State)
	ADDV	17. INFORMANT MI PSS 1- that Myddelcaul	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
1	PLA hould OF D	(Address) Haalistown. Ittal	
		Place to 9 lys Town Date June 8, 1932	Manner of injury
	WRITE mation s CAUSE TION is	H 14 C 1	
0.1	T C H	19. UNDERTAKER TO COLOR TO CARROLL (Address)	24. Wes disease or Injury in any wey related to occupation of deceased?
S. No. 1	m ()	1-51- 72 110 110	(Signed) (Signed) (Signed)
>	2)	20. FILED Registrar.	(Address) Haranton, his.
0,0	Cost		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
20 A	1 mm	2	

STATE OF MARYLAND—CERTIFICATE OF DEATH 08898

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.			11	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

state infor

should item

PHYSICIANS

Every

of OCCUPA

statement

Exact

classified.

3. SEX

1. PLACE OF DEATH

(a) Residence: No.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Length of residence in city or town where death occurred.

4. COLOR OR RACE

PERSONAL AND STATISTICAL PARTICULARS

Village or City

stated EXACTLY. certificate. properly 7. AGE Years Months Days If LESS than 1 day, _____h or min. 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION be be of 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... instructions on back plnods it may 11. Total time (years)
spent in this occupation __ 30 10. Data deceased last worked at this occupation (month and se that 12. BIRTHPLACE (city or town) (State or country) supplied. CAUSE OF DEATH in plain terms, FATHER See 14. BIRTHPLACE (city or town) __ (Stata or country) should be carefully MOTHER very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) ... (State or country) (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE rion is mation M. ol W. Data. 19. UNDERTAKER (Address)

- (0)	150	6.	3	PS.
- 91	HPs.	X	3.0	w
70	"U	4	AUPI	or:

STATE OF MARYLAND	CERTIFICATE OF DEATH				
EATH					
ash: nglon	Registration Dist. No. 30 2				
Near Maderstown	No. 117, adds bury 5 8t., Ward death occurred in a horpital or institution, ave its NAME instead of street and number)				
in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.				
Mrs Elizabeth III	: Nex				
10. III iddleldara Pika	St., Ward.				
(Usual place of abode)	1f nonresident give city or town and State				
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Sure (Day) (Year)				
oseph C.	22. 1 HEREBY CERT1FY, That I attended deceased from				
h, day, and year) FIACL 22-18 50	last saw h; death is said				
Months Days If LESS than	to have occurred on the date stated abova, atm.				
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				
or particular Jona, as SPINNER, HOUSEW OY) E KKEEPER, etc.	Reg coul heart				
ess in which a, as SILK MILL, INK, etc	Grouble				
t worked at 11. Total time (years) spent in this 30-41					
iown) Upton	Other Contributory Causes of Importance:				
Im Croud					
or town) Upton	Name of operation				
try) Pa	What test confirmed diagnosis? Was thera an aulopsy?				
Mary Myers	23. If death was due to external causes (VIOLENCE) filt in also the following:				
or town) Up ton	Accident, suicide, or homicide? Date of injury, 19				
ntry)	Where did injury occur? (Specify city or town, county and State)				
Clerstour III	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,				
OR REMOVAL	Manner of injury				
odynding Data June 121932	Natura of injury				
1. Coxxman	24. Was diseasa or Injury In any way related to occupation of deceased?				
Hageks town, Mrg.	If so, specify				
1932 George L. Brewbater Registrar.	(Signed) (Address) (Addres				
If more blank are goded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.					

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 5 1932	July 5,1927	Peritonitis	3 days ago
	BUREAUNA			
Other contributory c	auses of importance:		Other contributory causes of importance:	7
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS I	X	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	900
1. PLACE OF DEATH		
County Washington.	Registration Dist. No. 3/6	
Village or City Level Smills	No. St.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and i	
2. FULL NAME 7 CASSIS TO MI	lles	
(a) Residence: No. Neuropiell,	St. Ward.	
Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Culule Owned	21. DATE OF DEATH (Month) (Day)	, 193 7 (Year)
51. If married, widowed, or divorced	V	
(or) WIFE of a. Milles	1 HEREBY CERTIFY, That I ettended	10 3 V
6. DATE OF BIRTH (month, day, end year) Sec - 4 - 186.3	Hast saw h 21 alive on June 6 1932	: deeth is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 11-4-71-m.	,
66 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importanco were as follows:	1-
9 Trade profession or particular	B . 8/11/	Date of onset
9. Industry or husiness in which	Carcination of thereto	ya. 172/
work wes done, as SILK MILL, SAW MILL, BANK, etc	Ψ	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this 49 year		
12. BIRTHPLACE (city or town) Keedysvelle	Other Contributory Causes of importance	7. J. 1932
(State or country) Chash, O. md.		- 428657TA
13. NAME Emanuel Seeting		
13. NAME Emanuel Section 14. BIRTHPLACE (city or town)	Name of operation Date of	
1 (State of Country)	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Malinda Rohrer	23. If death was due to external causes (VIOLENCE) fill in also the following	:
5 16. BIRTHPLACE (city or town) Eakles mills	Accident, suicide, or homicide? Date of injury	, 19
(State or country) Wash. C. Md.	Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT (Address) Ready will Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
Place Leady 2 Date June 14: 1932	Manner of injury	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED Jame 1 of 1932 A. Lutung	If so, specify (Signed) (Signed) (Signed)	M. D.
Registrar.	(Address) / States arm. ///.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was donc.

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11.—The number of years the deccased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis *	3 days ago
8083 0	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	06901

1. PLACE O	F DEATH			(118)
County	Washington			Registration Dist. No. 302
Village or (City Hagersto	WYN	•1	No. 20 Bethel Street, St. 5 Wa
			50	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of res	idence in city or town where	death occurred	OZ yrsmos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NA	ME Lilli	an Eliz	abeth Mil	ler,
(a) Resider	nce: No. 20 Be	thel St	reet.	St., S Ward.
		(Usual place	e of abode)	If nonresident give city or town and State
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
Female	4. COLOR OR RACE Colored	OR DIVORC	RRIED, WIDOWED, ED (write the word) ried	June 22, 193 2. (Month) (Day) (Year)
. If merried, widow HUSBAND of	wed, or divorced			
(or) WIFE of	Richard :	Miller		22. J. I HEREBY CERTIFY. That I attended deceased fr
DITT OF BUILDING	(month, day, end yeer) Ju	ne 30	1380	I last saw her alivo on June 22, 1932; death is s
	ors Months	Days	If LESS than	to have occurred on the date stated above, at 1:00Pm.
	2 0	12	1 day,hrs.	The PRINCIPAL CALISE OF DEATH and related causes of importance
		1 12	ormin.	were as follows: Indegeolio Date of on
kind of	ession, or particular work done, as SPINNER, t, BOOKKEEPER, etc	Home Wo	nle	
9. Industry or	business in which is done, as SILK MILL,	ALUMIU 31 Q	- 	
SAW MI	IS done, as SILK MILL, LL, BANK, etc			-
kind of SAWYER 9. Industry or work wa SAW MI I Date decease this occur	Po Date deceased last worked at this occupation (month and		time (yeers) ent in this	
		OC	cupetion	Other Contributory Causes of importance:
2. BIRTHPLACE (c	ity or town) Hager	stown.		auti pullatalian for
(State or cou	21200	•		of the heart
13. NAME	John Scott			V
14. BIRTHPLAC	E (city or town) Fred	erick C	ounty	Neme of operation
(State o	r country)	Md.		What test confirmed diagnosis?
15. MAIDEN NA	AME Harriet	Bird		23. If death was due to external causes (VIOLENCE) fill in also the following:
	E (city or town) Hag	erstown	. 9	Accident, suicide, or homicide? Date of injury, 19
(State o	r country)	Md.		Where did injury occur? (Specify city or town, county and State)
7. INFORMANT	Rochard Mil	ler,		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Hagerstown,	Md.		••••••
	rerstown, Md	- Tun	• 24 35	Manner of injury
Place 1 1Ct	CISCONII, MA	Date VIII	Q. A.T., 19. U.S.	Nature of injury
9. UNDERTAKER	Fred W. Kr			24. Was disease or injury in any way related to occupation of deceased?
(Address)	Hagerstown		11	If so, specify
O. FILEDO	14 19326	Mach	To Specia	(Signed) M.
.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Registrar.	(Address) 2 4 3 M. Howaruse

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 uear

AGE should be stated EXACTLY.

mation should be carefully supplied.

PHYSICIANS should state

	MARYLAND-	CERTIFICATE	OF DEA	TH fee	20.00
1. PLACE OF DEATH, County Vacluing I	ne -	(81)	Registration E	Dist. No. 30	2)
Length of residence in city or hypere deal		No. death occurred in a hospital or institu death occurred in a hospital or institu			
(a) Residence: No.	(Usual place of abode)	St.,Ward.	If nonresident g	rive city or town and	d State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month)	19 (0ey)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of The ruces	moore	22. May 9	CERTIFY	That I attended	deceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months 7. B. Trade profession or particular	0ays 1 LESS than 1 day,hrs.	to have occurred on the date stete The PRINCIPAL CAUSE OF DEAl were es follows:		8, 19:3 8 Am. s.el importance	Date of onset
kind of work done es SPINNER, SAWYER, BOOKKEPER, etc	use Wife	Biomy) ray	of Afore	ging	my 18.
12. BIRTHPLACE (city or town acrosty (State or country) 13. NAME Transition	11. Total time (years) spent in this occupation Hooft Med.	Other Contributory Pagues of Impo	ortence) ex	fleter ,	Jane 1.
13. NAME Hamilton & Ha	challengur	Name of operation		and and	
15. MAIDEN NAME Annie V 16. BIRTHPLACE (city or town of the country) (State or country) 17. INFORMANT	an Md	23. If deeth was due to external cat Accident, suicide, or homicide Where did injury occurs	uses (VIO) ANCE AND		g: / 5, 1932
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR JEMOVA)	moore sub = 21,1932	Specify whether Injury occurred in Menner of injury 7 august Nature of Injury 3	and fell se furin	or Cook	Slow Na Rand
Place Samplus Man 19. UNDERTAKER GRANGES (Address) Readings 20. FILED 6/2 0 19 3 2 8 8	villa ma	24. Wes diseese or injury in any walls so, specify	orelated to occupa	tion of deceased?	Jes

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS	BY	PHYSICIAN
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_	ter.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	infor- state UPA-	1. PLACE OF DEATH	920
		county Washington	Registration Dist. No. 302
	500	Village or City (acaaans). 1/2	No. St., War
/		(If	death occurred in a hospital or institution, give its NAME instead of street and number)
/	Every CIANS ement	E. VIII	ds. How long in U.S. if of foreign birth?yrsd
	Ev CI /	2. FULL NAME TY nest Illorning	slav
	RD. Every YSICIANS statement	(a) Residence: Np. 111 QQ Q Q SV' 11 e (Usual place of abode)	St., Ward. If nonresident give city or town and State
	man 1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
*	RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	T X	Thate White May 18 d	(Month) (Day) (Year)
J.G	NENT CTL) ified.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDIN	SS	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased fro
Z		C + 10 10 10 10	10 10 19 2
<u>B</u>	PE Iy ate	6. DATE OF BIRTH (month, day, and year) 2 180 6. 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at the said of the said
FOR	IS A PE stated E properly certificate	1 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
F	IS sta pro	8 Trade ornession or particular	were as follows: Date of one
A	ris be of	8. Trade, profession, or particular kind of work done, as SPINNER, The y chanks SAWYER, BOOKKEEPER, etc.	Cha Marcachit 3
RESERVED	K—TF fould may back		
BR		SAW MILL, BANK, etc.	
S	- to	- I this conspector (month and IV)	
RI	AGE that	year) occupation 2+0.44.5	Other Contributory Causes of importance;
Z	Se se reti	12. BIRTHPLACE (city or town) Y U U Y S 1.0 U Y) (State or country)	Chamin Gathalie
RGIN	UNFADING supplied. AGI n terms, so tha	The state of the s	
AF			
Z	田・モの	[State or country]	Name of operation Date of
	ully pla		What test confirmed diagnosis and the way of the confirmed diagnosis and the confirmed
	INLY, WIT) be carefully EATH in pla important.	I	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
		16. BIRTHPLACE (city or town)	Where did injury occur?
		TIT IS TOWN OF SK	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
	PLA hould OF D	17. INFORMANT III LES JEMA JUST MINASTAY (Address) TRACO A ANS U. 112 M.	
	40	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	RITE tion s USE ON is	Place 1 JYOad Many Dated Line 13, 1932	Nature of injury
(,	WRIT mation CAUSI TION	19. UNDERTAKER ALK CONY man	24. Was disease or injury in any way related to occupation of deceased?
N	# OF	(Address) Kager Stown, TTO	If so, specify
vi	1	20, FILED Jame 1/ 3 3 2 Senge H. Brewbakes	(Signed) M.
A		/ Defity Rosal Registrar.	(Address) Atquitte my
-	- The state of	If more blanks are needed, address State Registrar	2417 N. Charles Street Ralimore Requesting 91 S. No.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
<u> </u>	- December 1		
Other contributory causes of importance:	5	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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See instructions on back

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH

County J mul	71	Registration Dist. No.	307
Village or City Workship		No. f death occurred in a hospital or institution, give its NAME instead of	St Ward
Length of residence in city or town where 2. FULL NAME LUM.	death occurredyrs,mo	sds. How tong in U. S. If of foreign birth?yrs	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or	town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jen 29	193
5e. tf merriad, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That t	ettended deceesed from
e. DATE OF BIKIN (Month, day, and year)	ug 13th 1925	1 lest sew h alive on	
7. AGE Yeers Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, atm. Tha PRINCIPAL CAUSE OF DEATH end related ceuses of imports were as follows:	,
8. Trade, profession, or particuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Manage	ocadust / tiles	Date of onset
work wes dona, as SILK MILL, SAW MILL, BANK, etc.		Us VC, V. VICACCE	
10. Deta deceesad last worked at this occupetion (month and year)	11. Totel time (years) spent in this occupation	Costande	
12. BIRTHPLACE (city or town) (Steta or country)	The male	Other Contributory Causes of importance:	
13. NAME My tran	Win Mrs		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Vicine fort	Neme of operation	Deta of
15. MAIDEN NAME / 16. PIPTHPI ACE (city or town)	· Tuckey	23. If deeth was due to external causes (VtOLENCE) fill in elso the	following:

M (State or country

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury

19. UNDERTAKER

(Address) Registrar.

If so, specify (Signed)

from

sald

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes bate of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of emilepsy 1 week ago Chronic interstitial nephritis Run over by street car . 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE	OF	MARYL	AND-	CERTIF	FICATE	OF	DEATH
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		W	541		250
- 7	201		CO T	u	8

1. PLACE OF DEATH		307
County Washingt	on	Registration Dist. No.
Village or City Hagersto	OWN	No. washington County Hospital 3 Ward feeth occurred in a hospitator institution, give its NAME instead of street and number)
Length of residence in city or town where	7.0	s. ds. How long in U.S. if of foreign birth?yrs,mos ds
2. FULL NAME Dewey	E. Munshauer	
The state of the s	rmanent Residence	St. Ward.
(a) residence. Ru. 1190 . 1 E 1	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown	June 11, (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	1899	hast saw him alive on June 16 , 1932; death is sai
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 8:30A_m.
33	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	1.00	
SAWYER, BOOKKEEPER, etc.	anxanous	Ourone Pheumatic
work was done, as SILK MILL, SAW MILL, BANK, etc.		Thyo cars itis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decassed last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Hacens (State or country)	town	Other Contributory Causes of importance: Leste mysecardial fail - 6/11/2
13. NAME	Munshauer	alsema.
13. NAME 14. BIRTHPLACE (city or town)		Name of operation
(State of country)	Jnknewn	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	Jnknown	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Jnknown	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19
(Stata or country)		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hospital Re		Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Hagerstown, 18. BURIAL, CREMATION, OR REMOVAL	Md.	Mannar of injury
PlaceHagerstown, Md	L. Date June 11, 19 32	
- 117 7		24. Was disease or injury in any way related to occupation of deceased?
19. UNOERTAKER Fred W. K (Addryss) Hagerston		If so, specify
10-11- 77-1	teratificanos	1/(Signed) Mattell M.
20. FILED 1934 4	MULLIN OCCALDI	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I			Example II			
The principal cause of death and relat of importance were as follows 2 C	ed causes	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1013	1921	Run over by street car	1 week ago		
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago		
BUREA	UVS					
Other contributory causes of importan	ce:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
A CONTRACTOR OF THE CONTRACTOR						

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH
Wash alo	23)
County feldmug for	Registration Dist. No.
Village or Others of Italia love one	No. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrspro	
2. FULL NAME / Ary / / / argaret	Illyers.
(a) Residence: No. Fleteling Arobac	A ST THE WALE
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Umale Mule Trikow.	(Month) (Day). (Year)
HUSBAND of	22 - LHERERY CERTIFY. That Lattended deceased to
(or) WIFE of offert, 6 d. Myes.	22. May 25 1932 . That I attended deceased fr
DATE OF BIRTH (month, day, and year)	I last saw hor alive on June 5- 1932; death is s
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5. 4. m.
59 3 105 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular / ormin.	were as follows:
kind of work done, as SPINNER TO TRANSME.	Laryngeal T. B. must
kind of work done, as SPINNES SAWYER, BOOKKEPER, etc. S. Hadustry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his occupation work bank.	
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
year) gcoupation (Other Contributory Causes of importance:
BIRTHPLACE (city or town) (State or country)	- Pobably
1 40 11	Milliany 11/3, may 2
13. NAME Dave Journe	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
1 2/00	What test confirmed diagnosis?
15. MAIDEN NAIVOUSTINE Still.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Coul Culture (State or country)	Accident, suicide, or homicide? Date of injury, 19
(Bur & Muers	Where did injury occur? (Specify city or town, county and State)
(Address) Hancock mid,	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
BURIAL, QREMATION, OB REMOVALO	
Plate Musicand Come Dete Of 8 193	Manner of injury
19/2 Verill' 1	Nature of injury.
O. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
Ila PADO.	If so, specify A ST To like
0. FILED Of 1930 Ut Herstein Registrar.	(Signed) M M M M M M M M M M M M M M M M M M M
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURKET	,			
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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ADDITIONAL S	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Length of residence in city or torm where death occurrent of the second of institution, give its NAME, instead of statest and number) 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No	STATE	OF MARYLAND-	CERTIFICATE OF DEATH
Village or City of the Contribution of the Con	1. PLACE OF DEATH .	1	(A6) x (16907
Length of residence in gity yr torkn where degty occurrence 1. Tr. de. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos		son Jud	
2. FULL NAME (a) Residence: No. (Usual place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX (COLOR, OR RACE OR PUNCACE Currict the word) ROLL	Village or City	10 1 (11	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 1, SEX 1, COJOR, OR RACE OR DIVORCED ("unit the word) OR DIVORCED ("unit the wo	Length of residence in city or town when	re death occurred yrs 91 mos	
It sonesident give city or lown and State		IN ONJULIA	gur
3. SEX	(a) Residence: No.	(Usual place of abode)	
Male White OR DIVORCED (write the word) New York Control of Hispania (Nonth) (Day) 193. (Yes 193	PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. If married, wildowed, or divorced of the profession of the particular strategy of the profession of the profession of the profession of the profession of the particular strategy of the profession of t	males Hitz	OR DIVORCED (write the word)	6 4 ,193 2
5. DATE OF BIRTH (month, day, and year) 7. AGE 4 Years Months 5 IT LESS than 1 day,	HUSBAND of	& Ottalburga	22. HEREBY CERTIFY, That I attended deceased for
7. AGE 4 Years Months Days If LESS than 1 day	6. DATE OF BIRTH (month, day, and year)	har 12 = 1888	llast saw halim alive on way 20, 1932; death is
8. Trade, profession, or particular kind of work done, as SPINNER, Blastyn 9. Industry or business in which work was done, as SILK MILL, SAWTER, BOOK REPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWTER, BOOK REPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWTER, BOOK REPER, etc. 10. Date deceased last worked at 1926 11. Total time (years) spant in this occupation month and year) 11. Total time (years) spant in this year) 12. BIRTHPLACE (city or town) 13. NAME 13. NAME 14. BIRTHPLACE (city or fown) 15. NAME 14. BIRTHPLACE (city or fown) 16. State or country) 16. State or country) 17. INFORMANT 16. BIRTHPLACE (city or town) 17. INFORMANT 16. State or country) 17. INFORMANT 16. State or country 17. INFORMANT 16. State or country 18. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, GR. REÑOVAL Place 19. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Industry 18. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) 19.3. When the same of injury in any way related to occupation of deceased? 19. ONDERTAKER (Address) 19.3. When the same of injury in any way related to occupation of deceased? 19. ONDERTAKER (Address) 19.3. When the same of injury in any way related to occupation of deceased? 19. ONDERTAKER (Address) 19.3. When the same of injury in any way related to occupation of deceased? 19. ONDERTAKER (Address) 19.3. When the same of injury in any way related to occupation of deceased? 19. ONDERTAKER (Address) 19.3. When the same of injury in any way related to occupation of deceased? 19. ONDERTAKER (Signed) 19. When the same of injury in any way related to occupation of deceased? 19. ONDERTAKER (Signed) 19. When the same of injury in any way related to occupation of deceased? 19. ONDERTAKER (Signed) 19. When the same of injury in any way related to occupation of deceased?			
kind of work dome, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 1 2 2 6 11. Total time (years) spant in this 2 5 7 7 7 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	74 3		The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of on
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, AR REGIOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. A Coldent of the coldent	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Blastin	Chrecisma & Stomes
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or fown) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, AR REGIOVAL Place 19. UNDERTAKER (Address) (Signed)	9. Industry or business in which work was done, as SILK MILL,		
12. BIRTHPLACE (city or town) with the state of country) 13. NAME Associated and the state of country) 14. BIRTHPLACE (city or fown) the state of country) 15. MAIDEN NAME Associated and state of country) 16. BIRTHPLACE (city or town) the state of country) 17. INFORMANT ASSOCIATION, BR REBIOVAL Place of Caddress) 18. BURIAL, CREMATION, BR REBIOVAL Place of Caddress 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 19.3 A Gard Regional State of Country of Caddress of Injury in any way related to occupation of deceased? If so, specify (Signed) 2. M. North Res. (North Country of Caddress) 19. UNDERTAKER (Signed) 2. M. North Res. (North Caddress) 19. UNDERTAKER (Signed) 2. M. North Res. (North Caddress) 19. UNDERTAKER (Signed) 2. M. North Res. (North Caddress) 19. UNDERTAKER (Signed) 2. M. North Res. (North Caddress)	O 10. Date deceased last worked at 10.	2.6 11. Total time (years)	
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, BREEFIOVAL Place Place 19. UNDERTAKER (Address) (Signed) 20. FILED (Signed) 21. M. Wastle Place (Signed)	- I this occupation the triber	spantin this 2	Other Contributory Conser of importance
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country) (State or country) The state of country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, AR REMOVAL Place Place 19. UNDERTAKER (Address) (Signed) (Signe		iglam ma	Other Continuous Causes of Importance.
14. BIRTHPLACE (city or fown) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, BR REPOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 10. BIRTHPLACE (city or fown) (State or country) Name of operation What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury (Specify city or town, country and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed)	1 1/1	trallemen	
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, AR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Mainer of injury Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) 2. M. Wastler an autopsy? What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) 2. M. Wastly Park S. R. Wallo	II II. NAME	Des or grave	Name of according
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, AR REPOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. INFORMANT (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 11. UNDERTAKER (Address) 12. UNDERTAKER (Address) 13. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 20. FILED	(Stale or country)	1. Pa	V Mr he
Accident, suicide, or homicide? Date of Injury	15. MAIDEN NAME Mary	Sift-	
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT MARKEMOVAL (Address) Harpen's Francy What 18. BURIAL, CREMATION, AR REMOVAL Place Markemoval (Address) Advance 16 = 6 , 1922 19. UNDERTAKER (Address)	0 16. BIRTHPLACE (city or town)	mlirlam'	Accident, suicide, or homicide? Date of Injury, 19
(Address) Harris Flandy Work 18. BURIAL, CREMATION, AR REPOVAL Place Warnishing Indicate 6 = 6 1932 19. UNDERTAKER (Address) 20. FILED 6 1934 Gelf December (Signed) 9. M. Works Par S. R. Walls (Signed) 9. M. Works Par S. R. Walls	(State or country)	The man	(Specify city or town, county and State)
18. BURIAL, CREMATION, AR REMOVAL Place Warnishing Industr 6 = 6 , 19.22 Manner of injury 19. UNDERTAKER (Address) Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) 2. M. Wasts Par S. R. Walls	1/ 4	Figure W The	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER (Address) Recognition of deceased? 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) 2. M. Wastz Par S. R. Walls		11	Manner of injury
20. FILED 6 193 & Colf Deeper (Signed) D. M. Wasts Par S. R. Walls	Place Mary Mung	hgLate V6 = 6 ,1931	Nature of injury
20. FILED 6 193 & Call Day of (Signed) J. M. Wasts Par S. R. Walls		willia mol	
Registrar. (Address) 115 11: Formula Handle	20. FILED 6 , 193	Call Deep and Registrar.	9 20 10 to P 1 10 10 000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis TTD CARTER CO.	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Total Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	06908
EATH	(93-6)	

1. PLACE OF DEAT	ГН			93-0		
County	Washing	rton		Registration Dist. No. 3	02	
1977	MIN GORPOR	ATR LIMITS	••	N. OZO Charles Chart Ci	> ward	
Village or City	agerate	own	(lf	No. 930 Spruce Street St., death occurred in a horpital of institution, give its NAME instead of street a	nd number)	
Length of residence in cit	y or town where d	eath occurred	6 _yrs,6mos	ds. How long in U.S. if of foreign birth?yrsyrs.	_mos ds.	
2. FULL NAME	Eune	zar L.	Pearse			
(a) Residence: No	.930 Sp	ruce St	reet	St., 2 Ward. If nonresident give city or lown	and State	
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	1	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (portic the word)				21. DATE OF DEATH	. 193 Z	
5a. If married, widowed, or divo	rced	•		(month) (day)	(1001)	
HUSBAND of (or) WIFE of Wi	lliam M.	. Pearc	e	22. I HEREBY CERTIFY, That I attend		
	Me	y 29, 1	866		1932 death is said	
6. DATE OF BIRTH (month, day	, and year)				; death is said	
7. AGE Years	Months	Oays	If LESS than 1 day, hrs.	the Nava occurred on the date stated above, fil. 1.0 Pm.		
66	0	22	ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Cate of onset	
8. Trade, profession, or pa	erticular			ΛΛ		
kind of work done, SAWYER, BDOKKEE	PER, etc	ome Wor	k	///		
Kind of work done, SAWYER, BDOKKEE 9. Industry or business in work was done, as SAW MILL, BANK, E SAW MILL, BANK, E TO DE THE COURT OF	which SILK MILL, etc			Theyo carded wrifficions		
10. Date deceased last wor this occupation (more year)	ked at oth and	sp:	time (years) ent in this apation			
				Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town)				P		
(State or country)	Kentu			Cardiae de compensation		
13. NAME	W	illiams	}			
14. BIRTHPLACE (city or to				Name af operation Oate of	- 11-	
(State of county)	Kentu	Difference and the second		What test confirmed diagnosis? Was there	an autopsy?	
15. MAIDEN NAME 16. BIRTHPLACE (city or to	Unknow	n		23. If death was due to external causes (VIOL ENCE) fill in also the folio	wing:	
6 16. BIRTHPLACE (city or to	wn) Unkn	own		Accident, suicide, or homicide? Date of injury	, 19	
∑ (Stata or country)	Kentu			Where did injury occur?		
17. INFORMANT Paul	Pearce	.9		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	PLACE.	
(Address) Ha ere	ratown.			•••••		
18. BURIAL, CREMATION, OR F	REMOVAL		04 70	Manner of injury		
Place Princet	on, W. V	2 Pate June	24 ,1932	Nature of injury		
19. UNOERTAKER Fred	W. Krs	iss.		24. Was disease or injury in any way related to occupation of deceased?	40	
(Address) Have				If so, specify		
/	- 11	tipelle	Bar, 1014	(Signed) Virginial Control		
20. FILEO 6 - ZZ-	192		Registrar.	(Address) 110 en tour	wd.	
			versitat.	(1001000)		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis!	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 06909
County Washing toy	Registration Dist. No. 3 ° 7
Village or City Roberts wells god (If	NoSt., Ward death occurred in a hospital or institution, give its NAME instead and number)
Length of rasidence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JOHN & Voffuntion	gan
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (partie the word) SEX 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (partie the word)	21. DATE OF DEATH 6 49 , 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divoyed HUSBAND of HUSBAND of WIFE of	22. I HEREBY CERTIFY, That t attended deceased from 19
6. DATE OF BIRTH (month, day, and year) 7, Lb 1 = 1863 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	t last saw h elive on, 19; death is said to have occurred on the date stated above, at, m The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased tast worked at this occupation (month and year) R. H. Total tima (years) spent in this occupation.	Date of ones of Importance:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME TO THE STATE OF STATE O	What test confirmed diagnosis?
18. BURIAL, CREMATION, OR RYPOLAN AND Date 6 38, 1932	Menner of injury
19. UNDERTAKER (Address) (Address)	24. Was disease or injury in any way related to occupation of deceased? HO
20. FILED le - 29-, 1931. Empad Hountun	(Signed) Required Inde M.D. (Address) Rescuellow, M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
700			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Registrar. (Address) ___ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis Times	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

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RI	ior	CLS	Z	
M	lat	A	TION is very important. See instructions on back of certificate.	
J. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of the	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	H	
B	1	1		
1	and .	1		

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(73)
County Mashingles	Registration Dist. No. 307
Village or City Browns Ville	No. St., Ward
Length of residence In city or town where death occurredmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME DARANA DAUGH JUHL	C ,
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DHYORCED (derite the word) 5a. If married, widowed, or divorced HUSBAND of HUSBAND of	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of D. M. Keld,	22. /I HEREBY CERTLEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May / - / 8 42 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 2 m. The PRINCIPAL CAUSE OF OEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, Hause Tellship.	were as follows: Sufferential Date of once to the state of the state o
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (work) 11. Total time (years)	- amuela fibrilation
10. Date deceased last worked at this occupation (month and year) 25 cocupation (54)	,
12. BIRTHPLACE (city or town) Cumberland MA, (State or country)	Other Centributory Causes of importance: South of premiumonia 6-2-3
13. NAME John mitchell	Just July 1
14. BIRTHPLACE (city of lown) Sumberland Wid.	Name of operation
15. MAIDEN NAME not Timown.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - 15. Timourn	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT MARA Blaza 13. Pleso, (Address) Browns Wille Ma	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Somfales Manor . one Jung 8, 1932	Nature of injury
19. UNDERTAKER 1. R. CONCESSION W. War	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Link (th. 1932, Cornelius It. Carolle Registrar.	(Signed) Souper M. Of (Address) Souper Down Mid.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

			Action 1 to 1 to 1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 059
1. PLACE OF DEATH	(137)
County Washington	Registration Dist. No. O
Village Williamsport	No. 23 Co. Lo Lo Mara St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
0.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William W. Re	ed,
(a) Residence: No. Potomae	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH // 5
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
10 x 2 1 1011	Jeece 21, 1932, 10 Jeece 21, 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h Mass alive on , 19 ac ; death is said to have occurred on the date stated above, at 20 cm.
9 1 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of one of
kind of work done, es SPINNER, Ket, Contractor	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this	
year) occupation haft	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Wash 60	2,0
(State or country)	Ch Keluston
13. NAME TOYE KEED 14. BIRTHPLACE (city or town) Wash Co	Mulaterlay August
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Sarah Crawbord	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Savel Toransord 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Seo Relatived	Specify whether injury occurred in INDÚSTRÝ, in HOME, or in PÚBLIC PLAČE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Williamsford Date	Nature of injury.
19. UNDERTAKER DUSULLEY VLOUS	# 24. Was disease or injury in any way related to occupation of deceased?
(Address) Hageform und	(Signed) literality M. D.
20, FILED from 22, 1932. O. O. Workard	(Address) Williampont Mil.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY PHY	ISICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

32

If more blanks are needed, alldrey State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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		,	
Other contributory causes of important		Other contributory causes of importance:	
Gallstones	Me 1,1923	Gastroenteritis	1 year
ADDITIONAL SPACE D	OR DURTH	ER STATEMENTS BY PHYSICIAN	

V. S. No. 1

Length of residence in city or flowly where glash occurred	1. PLACE OF DEATH	
Length of residence in city or town where seals occurred to yes	County Washindon	Registration Dist. No. SO2
2. FULL NAME (a) Residence: No. 3.0 2 (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE OR DIVORCED (write the word) So. 11 married, widowed, or divorced HUSSAND OF CONTROL TO FORTH (month, day, and year) OF Warrier (Month) OF		
(a) Residence: No. 3 O (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S. If married, widowed, or divorced (Month) (Bay) S. DATE OF BIRTH (month, day, and year) S. Trade, profession, or particular (Month) S. Trade, profession, or particul	Length of residence in city or town where death occurred yrsmos	ds. How long in U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the wordy HUSBAD) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, min. so were as follows: 8. Trade, profession, or particular, wind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. 10. Information (month and year) 10. Date Geaseasd last worked at this occupation (month and year) 11. Total time (years) span in this pan in this pan in this cocupation (month and year) 12. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE), fill in also the following: Accident, suicide? Accident, suicide? Date of injury. Name of injury Neter did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. Nature of injury. Nature of injury. Nature of injury.	2. FULL NAME William 16. 11	TOT!
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCED ("write the wordy of HUSBAND") 5. If married, widowed, or divorced HUSBAND 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than Iday	(a) Residence: No a 30 2 (1) H MATTER AND	St. Z Ward.
21. DATE OF DEATH 193 10		
Sa. II married, widowed, or divorced (ex)-MPPPOI S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. of Lay, hrs. of		MEDICAL CERTIFICATE OF DEATH
HUSBAND of (symmetric) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day		June 2 193 2
S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. S. Trade, profession, or particular statement of the date stated edove, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of on the date stated edove, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of on the date stated edove, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of on the date stated edove, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of on the date stated edove, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of on the date stated edove, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of on the date stated edove, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of on the date stated edove, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of on the date stated edove, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of on the date stated edove, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one of the date stated edove, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one of the date stated edove, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one of the date stated edove, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one of the date stated edove, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one of the date stated edove, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as foll	5a. If married, widowed, or divorced	
To have occurred on the date statebelove, at		22. I HEREBY CERTIFY That I attended deceased from 1932 to June 2 1932
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. SAW MILL, BANK, etc. 10-bate deceased last worked at years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place. Q. Captoru Majoration 18. BURIAL, CREMATION, OR REMOVAL Place. Q. Captoru Majoration 18. BURIAL, CREMATION, OR REMOVAL Place. Q. Captoru Majoration 18. BURIAL, CREMATION, OR REMOVAL Place. Q. Captoru Majoration 18. BURIAL, CREMATION, OR REMOVAL Place. Q. Captoru Majoration 19. Date of injury Nature of injury	6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL. 10. Date deceased last worked at this occupation (month and year). 11. Total time (years). 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Addrey) 17. INFORMANT (Addrey) 18. BURIAL, CREMATION, OR REMOVAL Place. Q. Captonian Manner of injury. Name of injury. Manner of injury. Namener of injury. Namener of injury. Namener of injury. Nature of injury. Namener of injury. Namener of injury. Namener of injury. Namener of injury. Nature of injury. Namener of injury. Nature of injury.		to have occurred on the date stated above, at
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Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address 1	(State or country)	Where did Injury occur?
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Place Q Conflow Mg Date 1932 Nature of injury		Manner of injury
2 1 + 1 - 1	Place Q Cup tow Ma Date 3, 1932	
19. UNDERTAKER CALLON VICTUS 24. Was disease or injury in any way related to occupation of deceased? Language (Address) A section of deceased (Address) A section of deceased? Language (Address) A section of deceased (Address) A section		24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6-2-132 Clasff Journs (Signed) Nome Druller N	20. FILED 6-2-132-6 Kasff Bowers	(Signed) Man Durley M. D.
Registrar. (Address)		

STATE OF MARYLAND-CERTIFICATE OF DEATH

06913

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH			<u> </u>	
County Washingto			Registration Dist. No.	and the same of th
Village or City Hagers Length of residence in city or town where		EO	No. 453 W. Antietam Street, f death occurred in a hospital or institution, give its NAME instead of street and s	number)
2. FULL NAME Marga	ret S. R			
(a) Residence: No. 453 W		am Street	t St., 2 Ward. If nonresident give city or town an	d State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. SEX Female 4. COLOR OR RACE White		RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH June 22, (Month) (Day)	, 193_2 • (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)	May 19,	1868	I last saw h. & 7 aliva on Secure 22 1932	
7. AGE Years Months 64	Days 3	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 9:30 P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	1	Store	Diabetis	apr. 1932
this occupation (month and year) 12. BIRTHPLACE (city or town)	spar occu	nt in this upation	Bther Contributory Causes of importance:	
E 13. NAME Samuel R	ogers			
H 13. NAME Samuel R 14. BIRTHPLACE (city or town) U (State or country)	nknown		Name of operation	
15. MAIDEN NAME Elizabe	th Pryor		23. If death was dua to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Elizabe 16. BIRTHPLACE (city or town) Unk (State or country)	nown		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Miss Cora H (Address) Hagerstown,			(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, W		25,,1932	Manner of Injury	
19. UNDERTAKER Fred W. Kr (Address) Hagerstwn		1	24. Was disease or Injury In any way related to occupation of deceased?	Iro
20. FILED 6 44, 132 fc	PROSETT.	Registrar.	(Signed) Language (Address) Language (Address)	m md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	GGAIRDE	3 days ago
Other contributory causes of importance:		Other contributory cau	ses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

County Washingto Village or City Hagerste Length of residence in city or town wher 2. FULL NAME Lester (a) Residence: No. 251 S.	e death occurred Martin Locust (Usual place	Rohrer Street of abode)	St., 3 Ward. If nonresident give city or town and St	Ward mber)
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE White	s, single, mar or divorce Sing	RRIED, WIDOWED. ED (write the word) 1 @	21. DATE OF DEATH June 4 (Month) (Day)	93 2 • (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, Thet I attended de	
6. DATE OF BIRTH (month, day, and year) Months 7. AGE Years Months 2	arch 27, Bays	1932. If LESS than 1 day, hrs. or rain.	to have occurred on the date stated above, e4:50P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end year) 12. BIRTHPLACE (city or town)	sps ocs	time (years) nt in this upation	Other Contributory Causes of importance:	Bict
13. NAME Lester Rohr 14. BIRTHPLACE (city or town) Hage (State or country)			Name ef operation Dete of What test confirmed diagnosis? Wes there an aut	
15. MAIDEN NAME Mary C. 16. BIRTHPLACE (city or town) New (State or country) 17. INFORMANT Lester Ro (Address) Harenstown 18. BURIAL, CREMATION, OR REMOVAL Place Harenstown	r Hagers d. hrer, , Md.		23. If death was due to external ceuses (VIDLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
19. UNDERTAKER Fred W. K. (Address) Hagerstow	raiss.	Bower,	24. Was disease or injury in any way related to occupation of deceesed? If so, specify (Signed) (Address) 40.54	M. I

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	Example I		Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	.111 5 1932	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	rilis	1 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	RUREAU V.S.	July 5,1927	Perilonilis	3 days ago	
		1			
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

LION

S. No.

state

should

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstillal nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Exa	imple I	Example 11		
The principal cause of death of importance were as follow	and related causes	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriasclerasis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days aga
	RUREAU	35		
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstanes		May 1,1923	Gastraenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

V. S. No. 1

S. 100: 1	MARGIN RESERVED FOR BINDING	KENEKVI	0.5	FOR B	INDING	
B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	I UNFADIN	IG INK-T	HIS	IS A PE	RMANENT	RE
mation should be carefully supplied. AGE should be stated EXACTLY.	supplied. A	AGE should	be	stated E	XACTLY	
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exa	n terms, so	that it may	be	properly	classified.	Exa
TION is very important. See instructions on back of certificate.	see instruction	ons on back	o jo	ertificate		

	CERTIFICATE OF DEATH 46919
1. PLACE OF DEATH	108
County Mashinglon	Registration Dist. No.
Village or City Telfelow	No. Nashington County Socketon
Length of residenca in city or flown whera daath occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number death of the land of the l
2. FULL NAME Leonge Stringer	
(a) Residence: No. / / Logo / Would place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DAVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY. That I attended daceasad from
Ma. 7 1910	fune 18 1932 to fine 2/ 1932
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days If LESS than	Mast saw h M. aliva on 1932, death is said
1 day,hrs.	to have occurred on the date related above, at 3 / Orm The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Later Parent Later
< 9. Abdustry or business in which	No far i neumonia -1032
work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and spent in this	
yeor) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME JONN Sylvinger	
(Stata or country)	Nama of operation What tast confirmed diagnosis? Clinical of the formation of the state of the
15. MAIDEN NAME Cora Baker	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Carlainy	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Whare did injury occur?
17. INFORMANT John Springer	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place amples Manor Data June -24 , 1932	Nature of injury
19. UNDERTAKER TOWO Bast KSOY	24. Was disaase or injury in any way related to occupation of deceased? Zoo
20. FILED 6-23-, 1937-6llos/130custo Registrar.	(Signed) 13, Crafaer M. D. (Address) Sociation, M. D.
Registrat.	(viuoissa)

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Arteriosclerosis	0.000	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	06926)
EATH			-	

1. PLACE OF DEATH	——
County Washington.	Registration Dist. No. 30 2
Village or City Paramount.	ND.FFF-G.YS St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds
TOVOV	yrsmosus.
2. FULL NAME SOMM F STYILE	A //
(a) Residence: Np. Yava ount (Usual place of abode)	C(St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) 17 11 - 1868	, 19, to
7. AGE Years Months Days If LESS than	to hava occurred on the data stated abova, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causas of importence were as follows:
8 Trade profession or particular	Strungulation Data of one ot
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	discite 4 horgine
M. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. O. Date dacaasad last workad at this occupation (month end, 2, 4, 1) year) year) 11. Total time (years) spant in this occupation Occupation	
year) spant in this boyy's	Dthar Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Lei 1ersburg	Dillal Continues of Hilportaines.
(State or country)	
13. NAME JOYN STREET 14. BIRTHPLACE (city or town) PETY PAS DUY9-	
14. BIRTHPLACE (city or town) 21.1 & S. D. W.Y. 9. — (State or country)	Name of operation Data of
	Whet test confirmed diagnosis? Was there en autopsy?
E	23. If death was due to external causes (VIOL ENCE) fill In also the following:
[State or country]	Accident, sulcide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT TIT YS JURY E SYV. Ye	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL ITT	Menner of injury
Placal Lillers Cemiling Date June 14, 1932	Nature of injury
19. UNDERTAKER FLK COXX may	24. Was diseesa or injury in eny way related to occupetion of decaased?
(Addrass) Haglers town, Ind.	If so, specify
20. FILED 6-13-, 1932 6 Kost Houses Registrar.	(Signed) Language M. D. (Addrass) Language M. D.
If were block as well all a Con B. I.	N. O. L. C. B. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RTRE UV. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	V	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDING

FOR

MARGIN RESERVED

S. No.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Washington	Registration Dist. No. 30 Z
Village or City for end own (No. 881, Vi	Ward) (If death occurred in a hospital or Institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 1 HEREBY CERTYFY, That Lattended the deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I lust saw h alive on 192 dend that death occurred on the date stated above, at m.
alow 6 ms, fostus. If LESS than	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	about 6 rus, jastus.
which employed or (employer) 9 BIRTHPLACE (State or country) Way Laud.	Contributory Secondary (Duration)yrsmosde
10 MER OF Stattleman	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Douth, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of NOTHER Size Cathrino Robrer	18 LENGTH OF RESIDENCE (For Bospitals, Institutions, Trans- lents, or Recent Residents)
OF MOTHER (State or country)	At place of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted,
(informant). The BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Ha entour	19 PLACE OF BURIAL OR REMOVAL FATE OF BURIAL (8, 1932)
Filed 6-21- 1932 School Bower	Jalker (Address

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhonsehold only (not paid Housekeepers who receive a worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not galnfully em-

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneun ening"): fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the Dis-

> conditions, such as "Asthenia," "Amaemia" (merely eausing death), 29 ds.; Bronchopnenmonia use of "Tumor" for malignant neoplasms); Mcastes; inges, peritonaeum, etc., Carcinoma, Sarcomo, etc., of unqualified, is indefinite); Tuberculosis of lungs, menand qualify as accidental, suicidal, or homicidal, or diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart vulsions." symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or stated unless important. Chronic interstitial nephritis, etc. The contributory ment of cause of death approved by Committee head of "contributory." quences (e. g., sepsis, tetunus) may be stated under the ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely, taken. State cause for which surgical operation was under "Puerpenal septicaenia," "Puerpenal peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease (secondary or intercurrent) affection need Whooping cough; Chronic valvular Nomenclature of the American Medical Association.) Poisoned by curbolic acid-probably suicide. (name origin; "Cancer" is less definite; avoid -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.). (Recommendations on state-Example: Mensics (disease failure." "Haemor heart discuse; terminal (secondnot be

ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspondthe certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

V. S. No. 1

(IIS IS A PERMANENT RECORD. Every item of infor	he stated EXACTLY. PHYSICIANS should stat.	be properly classified. Exact statement of OCCUPA	/
1	D. Every it	SICIANS	statement o	
•	T RECOR	Y. PHY	Exact s	
D FOR BINDING	ERMANEN	SXACTI	classified.	
FOR B	IS A PE	stated F	properly	A A A
Q	IIS	be	pe	4

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CTATE O	Y- 14 4	DIVI ALID	CEDTIEIC	7 4 7 6	OF	DEATH
SIAIF	DE MA	DAI VUII-	-CERTIFIC	Δ 1 E		$I \supset F \Delta I \bowtie F$
JIMIL		MILAIND	CLIVIII			DEALL
SIMIL	I IATA	MILAND	CLIVIII			DEAL

06022

1. PLACE OF DEATH	(0)
County Washington	Registration Dist. No. 30 2
Village or City Hagers Lown	No. Washington county nospistal 3 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20s.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME William R. Thornton	
(a) Residence: No. 132 William Street (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOV OR DIVORCED (write the w	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not obtainable	22. I HEREBY CERTIFY, Thet I attended deceased from 1932, to 9, 1932
6. DATE OF BIRTH (month, day, and year) May 13, 1876	Mast saw h. seemalive on June 9 1932 death is said
7. AGE Years Months Days If LESS	The state of the s
56 D 27 orm	in the case of pearst and leasted causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end senant in this senant in this	Date of onset Date of onset
10 Date deceased last worked et this occupation (month end year) 11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Summit Point (State or country) W. Va.	Other Cantributary Causes of importance:
当 13. NAME Hezekiah Thornton	
13. NAME Hezekiah Thornton 14. BIRTHPLACE (city or town) Near Berryville (State or country)	Neme of operation Date of Whet test confirmed diagaosis? Was there an autopsy?
置 15. MAIDEN NAME Susan Throckmorton	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Susan Throckmorton 16. BIRTHPLACE (city or town) Berryville, (State or country) Va.	Accident, suicide, or homicide?
17. INFORMANCE A SECRETARY HARRIS (Address) Fagerstown, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Hagerstown, Md. Date June 11, 1	9_32 Manner of injury
19. UNDERTAKER Fred W. Kraiss, (Address) Hagerst wno d. 20. FILED 6 - 1 - 13 2 6 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) M. D.
Regis	trar. (Address) Hagers 10 mm. 1V.C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

A-A-	STATE OF MARYLAND	CERTIFICATE OF DEATH	000
ould state	1. PLACE OF DEATH	97)	
	county Washington	Registration Dist. No. 3 8	5 2-
tem of should of OCC	Village or City Yaaaax Xown.	No. Wash Co Home, st,	5 Ward
O	(If	death occurred in a hospital or institution, give its NAME instead of street and	number)
× 00 m	Length of residence in city or town where deeth occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsm	osds.
RD. Every YSICIANS statement	2. FULL NAME John Tranklin Mo	ich Kel.	
	(a) Residence: No. Mash Co Home	St. S Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
RECO F. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	7
G L I	Male While Widower.	(Month) (Dey)	(Yeer)
NDING RMANEN X A C T I classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That I attended	deceased from
MA A A ass	(or) WIFE of Mather ine.	africe 1. 1932 to Time 10	1932
	6. DATE OF BIRTH (month, dey, end yeer) TOALLA 10-1867	I lest saw h. war elive on Tong 10 1932	_; death is said
FOR B] IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, at10.20_m.	
FOR IS A H stated properl	(05 5 1 0) 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:	1
	8 Trade profession or particular		Oate of enset
VED THIS	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dato deceesed lest worked at this occupation (month and	anterio - 2 elevosis	when
RVI (-T) ould may back	9. Industry or business in which work wes done, es SILK MILL,		
INK-T S should t it may	SAW MILL, BANK, etc		-
ES II E	11. Totel time (years) spent in this occupation (month and yeer)		
	Daniel Market	Other Contributory Caoses of importence:	
IN DIT	12. BIRTHPLACE (city or town) 12 C C C C C C C C C C C C C C C C C C		-
MARGIN REUNFADING supplied. AGH			
	E		
Man in Sa	14. BIRTHPLACE (city or town) 1270 ac 1170 mg (State or country)	Neme of operation	
E = 76	# 15. MAIDEN NAME HO VVI . H. H. CLAVILL.	Whet test confirmed diagnosis?	
2 2	15. MAIOEN NAME Hayriett Accurly. 16. BIRTHPLACE (city or town). Williams port.	Accident, suicide, or homicide? Dete of injury	
AINLY, Id be car DEATH y import	State or country)	Where did injury occur?	
	17 INFORMANT IT YS. Fred Hose	(Specify city or town, county and Stat Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PL	le) ACF
E PLAINLY, should be car OF DEATH	(Address) Hagerstown ITa		
£0°	18. BURIAL, CREMATION, OR REMOVAL , WING	Menner of injury	
on SE	Plece Dyo a dyr. 10 hg. Oete June 14, 1932.	Neture of Injury	
-WRITE mation sh CAUSE O	19 UNDERTAKER A. K. COYYMAU	24. Wes disease or injury in eny wey related to occupetion of deceesed?	
ي ا	(Address) Hadaonstown Md.	If so, specify	
a a	20. FILEO 6-13-132 6 Kast Bowers	(Signed) Faillmer / J. Weller	M. D
M 7 71 - 11	Registrar.	(Address) Lapo has . U. M.	
M) Ned Ulill	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.	
0, 0000			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

8

shoold

STATE OF MARYLAND—CERTIFICATE OF DEATH

24 193 2 : death is said

Date of onset

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	ECEINED	3 days ago
				,
Other contributory causes of importance:		Other contributory car	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

Por

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06925
1. PLACE OF DEATH	
county Washington	Registration Dist. No. 302
Village or City YQUEVSIOUN	No. 123 E Antletam St. 3 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred \	ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME DO DEXT L. YVITA	nex
(a) Residence: No. 123 E. Hntietam	St., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	June 14 192.
50 If married wildowed or diversed	(Month) (Oay) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. J HEREBY CERTIFY, That I attended deceased from
Mrs. Maude Wilmer	april 1932, to June 14, 1932
6. DATE OF BIRTH (month, day, and year) 2 12 1875	I last saw h. Assa alive on fune 14 , 193 2; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
51. 4 2, ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carcinoma Stomach
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	with melastasis inte
9. Industry or business in which work was done, as SILK MILL, Automobile.	- Sines
10. Oate deceased last worked at this occupation (month and cross) spent in this	
year) 3 Grand 1-9-3-2. occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Deaner Creek.	Delitation heart 6/14/34
(State or country)	
# 13. NAME De Witt C. Witmer	
13. NAME De W. H.C. Witner 14. BIRTHPLACE (city or town) Kag exstour	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Xray Was there an autopsy? ho
15. MAIDEN NAME \\ CAYY N: NYey 16. BIRTHPLACE (city or town) \ A q ey s Y o w n	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Ragerstown	Accident, suicide, or homicide?Oate of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MYS Chester Kaytle	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) H ageystown ITTO	
Place 10 gev 570 Wn Modate June 16, 1932	Manner of injury
77 15 0	Nature of injury.
19. UNDERTAKER H. H. COXX man	24. Was disease or Injury in any way related to occupation of deceased?
1 6-16-3) Leader	(Signed) H. L. Porterfield M. D.
20 FILED 6 , 19 LONG TO BEREITTAR.	(Address) 136 W Washington IX.
Control of the Contro	2411 N Charles Street Baltimore Requesting 71 S No .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage BUREAU V.S.	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(48)
County Hashington	Registration Dist. No. 306
Village or City Smithslang	NoSt,Ward
Length of residence in city or town where death occurred yrs mos 2. FULL NAME Lary Elizabel	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
(a) Residence: No. A. F. 20	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH, (Month) (Day) (193 7 (Year)
5e. II merried, widowed, or divorced HUSBAND of (or) WIFE of A as Col & Wolf	22. I HEREBY CERTIFY That I attended deceased from 2.3, 193 & to Lucy 26, 193
6. DATE OF BIRTH (month, day, end year) Lan, 22 1894	I last saw han alive on 9 4 7 6 19 37 death is sai
7. AGE Years Months Days If LESS than	to heve occurred on the date steller above, et . 7.20ml un
38 5 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Julianumy Gulote Jane
9. Industry or business in which work was done, as SILK MILL, 4	the Partition of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Ipoustry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) Occupation	My Thy is day
12. BIRTHPLACE (city or town) Mast Wardnesh Co	Other Contributory Causes of Importance:
13. NAME	
13. NAME 14. BIRTHPLACE (city or town) M. R. Walk. (State or country) Produces comed.	Name of operation Date of What test confirmed diagnosis? Westhere en eutopsy?
15. MAIDEN NAME Lysan / Mangares.	What test confirmed diagnosis? Wes there en eulopsy? 23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Susan & Mangares. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Fyelich Co-Mo,	Where did injury occur?
17. INFORMANT RASCUL & Walf (Address) Smithsling Mak	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Smithsburg Date Jesuse 30, 1932	Nature of Injury
19. UNDERTAKER William H Downey (Address) Smithsburg Md,	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 30, 19 Local Registrar.	(Signed) A A A A A A A A A A A A A A A A A A A
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I / E D		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF DEATH County Washington Village Williamsport Md life (If	Registration Dist. No. 30/ No. 37 Salisbury St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?yrs		
(a) Residence: No. Same (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 1 or DIVORCED (write the word) Widowed 3. SEX 4. COLOR OR RACE White	21. DATE OF DEATH June, 5.1932 (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Wolf	22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) Dec. 24. 1844	Clast saw har alive on Justile 4, 1932; death is sald		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . 1 • 15 Am.		
1 day. hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance		
	were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, in the work was do	Arterial selevosis		
12. BIRTHPLACE (city or town) Williamsport Md (State or country)	Other Cuutributory Causes of Importance:		
13. NAME 13. NAME 14. BIRTHPLACE (city or town) Md (State or country)	Name of operation		
(State of Country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Louisa Hahn 16. BIRTHPLACE (city or town) Perpasand (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
17. INFORMANT Mrs . John Bowser (Address) Williamsport Md	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION OF REMOVAL	Mannar of injury		
Place Williamsport Md Date June 719-32	Manner of injury		
19. UNDERTAKER Albert Leaf (Address) Williamsport Md	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? ?		
20. FILED June 6, 1932 le, E, Pickard.	(Signed) Theo. Jose M.D. (Address) Which bout M.D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	S days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year